NATIONAL INSTITUTES OF HEALTH MINORITY HIRING AND PROMOTION POLICIES

Y 4.P 84/10:103-16

National Institutes of Health Minor...

HEARING

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON POST OFFICE AND CIVIL SERVICE HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

JULY 13, 1993

Serial No. 103-16

Printed for the use of the Committee on Post Office and Civil Service

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NATIONAL INSTITUTES OF HEALTH MINORITY HIRING AND PROMOTION POLICIES

TUESDAY, JULY 13, 1993

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON POST OFFICE AND, CIVIL SERVICE,
Washington, DC.

The subcommittee met, pursuant to call, at 10 a.m., in room 311, Cannon House Office Building, Hon. Alcee L. Hastings presiding.

Members present: Representatives Clay, Hastings, Morella, Wynn, and Norton.

Mr. HASTINGS. Good morning. The hearing of the Subcommittee on Oversight and Investigations will now come to order.

Our Federal Government has charged NIH with the mission of improving the health of the American people. And it is NIH that we are going to be concerned with in these hearings this morning in reference to certain matters.

I wish to add that I am here on behalf of our Chairman, Bill Clay, who regrets that he has other matters. He is going to try to stop by a little later as we progress. But hopefully we will be able to proceed and, as other members come, have a fruitful dialog.

Millions of tax dollars are poured into NIH in pursuit of the prevention of cancer, diseases of the heart, lungs, kidneys, and prevention of AIDS, allergies, and other infectious diseases that continuously threaten human life. One need simply to reflect on the advancement of medical technology to know that NIH serves its mission well. And yet, it disturbs me, and doubtless some other Members of this committee, to learn that the very agency charged with the prevention of diseases is itself suffering from the deadliest of all diseases: racism.

Today's oversight hearing will examine minority hiring and promotion practices at the National Institutes of Health. For years, charges of discrimination against black employees and others have surfaced at NIH. In fact, as early as 1986, a GAO report found that NIH's self-approved affirmative action plan was inconsistent with one-half of the Equal Employment Opportunity Commission's requirements for affirmative action.

According to GAO, this noncompliance may have contributed to the continued underrepresentation of minorities and women at NIH.

Although the institution alleges to have actively addressed this issue, its statistics belie that claim. According to the agency's own data, minorities comprise 27 percent of NIH's work force. However,

the vast majority of these workers are clustered in low-paying, semi-skilled, and unskilled positions.

Additionally, minorities are virtually absent in senior level management and professional positions. In fact, of the 34 major offices and institutes that determine the tenor and direction of health research of this country, less than 3 percent are headed by minorities.

This morning our first witness will be Dr. Bernadine Healy, the former Director of the National Institutes of Health during President Bush's administration. Dr. Healy will testify as to her efforts to address fair employment practices during her tenure at NIH.

Next, the subcommittee will receive testimony from Vincent Thomas, Jr., President of Blacks in Government; and W. Gregory Wims, President of the Montgomery County Chapter of the National Association for the Advancement of Colored People.

Accompanying Mr. Wims this morning is Joseph M. Sellers of the Washington Lawyers Committee for Civil Rights and Urban Affairs.

Mr. Thomas and Mr. Wims's offices have been inundated by the aggrieved employees at NIH. They will share with the subcommittee their assessment of the challenges of employment equity at NIH and make suggestions and recommendations for NIH to meet those challenges.

Finally, we shall hear from Mrs. Gladys Whitted and Jalil Mutakabbir, who will provide testimony regarding their personal knowledge of treatment of blacks at NIH.

At a later date, the subcommittee will receive testimony on allegations of sexual discrimination at NIH.

Are there other opening statements?

[The prepared statement of Hon. José E. Serrano follows:]

PREPARED STATEMENT OF HON. JOSÉ E. SERRANO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. Chairman, thank you for the opportunity to testify on the hiring and promotion of minorities within the National Institutes of Health (NIH) of the U.S. Department of Human Services (DHHS).

I come before you as Chairman of the Congressional Hispanic Caucus (CHC). The CHC is firmly committed to promoting Hispanic employment within the federal civilian and commissioned officer work force. However, I must report that I am very concerned that Hispanics are grossly underrepresented at NIH, particularly at higher policy and administrative levels. My testimony will focus on the poor Hispanic employment patterns within the federal work force, HHS, and NIH, and on recommendations for correcting the underrepresentation.

LAGGING BEHIND: HISPANIC REPRESENTATION IN THE FEDERAL WORK FORCE

Hispanics are the only "protected class" that is still seriously underrepresenteted in the federal civilian work force, according to the U.S. Office of Personnel Management (OPM), Federal Equal Opportunity Recruitment Program (FEORP) report to Congress, dated September 1992.

In November of 1970, President Nixon established the "Sixteen Point Program" to address the low levels of Hispanic employment in the federal system. In the following three decades of alleged Federal efforts, Hispanics have lost ground. In 1980, Hispanics made up 4.1% of the federal work force and 6.4% of the U.S. population. In 1990, Hispanics comprised 5.6% of the federal work force and 9.0% of the U.S. population.

In the 23 years that have followed President Nixon's initiative, Hispanics in federal service have not even reached the 1980 U.S. population figure of 6.4%. Other "protected classes," including African Americans, Asian/Pacific Islanders, and Native Americans/Alaskan Natives, have caught up greatly and exceeded their rep-

resentation. In 1990, African Americans represented 17.2% of the federal work force and 12.1% of the U.S. population; Asian/PI represented 3.5% of the federal work force and 2.9% of the population; and Native Americans/AN represented 1.9% of the federal work force and 0.8% of the population.

POOR STAFFING RECORDS: HISPANICS WITHIN DHHS AND NIH

The dismal record of Hispanic hiring at DHHS and NIH is unacceptable. On September 30, 1992, Hispanic Federal civilian employees at DHHS totaled 6,082, or 4.7%, compared to 22.7% African Americans, 2.7% Asian/PIs, and 7.8% American Indian/ANs (see figure below). In the first quarter of Fiscal Year (FY) 1993, NIH had 14,573 employees of which 4,043, or 37.9%, were minority group members, including: 21.4% African Americans, 4.4% Asian/PIs, and 0.3% Native American/ANs. By comparison, only 231, or 1.6% of the total employment at NIH was Hispanic during the same period.

Race/Ethnicity Origin Distribution of DHHS and NIH Federal Civilian Employment

	DHHS *		NIH **	
	Total	Percent	Total	Percent
Hispanic Americans	6,082	4.7	231	1.6
African Americans	28,255	22.7	3,121	21.4
Asian/Pacific Islander	3,527	2.7	644	4.4
Native Americans	10,224	7.8	47	0.3

* September 30, 1992.
** First Quarter FY93.

It is difficult to comprehend these low levels at a time when the Hispanic population is among the fastest-growing and most diverse in the country. Currently, Hispanics represent one out of every 11 persons in the U.S., about 9%. What's more, Hispanics are projected to be the largest ethnic minority at the turn of the century.

While it is desirable to achieve a representational civilian work force within DHHS and NIH, it is absolutely vital that Hispanics and other minorities also be represented among the higher level policy making positions. However, the latest data for FY93 reveal that minorities are not nearly sufficiently represented among the managerial and higher policy making ranks at NIH.

An even more striking illustration of the poor staffing patterns at NIH comes from looking at the position levels that minority employees hold. A breakdown of employee positions—between manager positions (defined as GS/GM 13–15, Commissioned Corp 06 and above, and SES) and staff positions (defined as GS 12 and below, Commissioned Corps 05 and below and wage grade)—demonstrates that Hispanics and other minorities have little input in shaping NIH's policy priorities.

Regrettably, of the 4,010 management positions at NIH in the first quarter of 1993, only 1.6% were held by Hispanics. In the same quarter, 1.6% of the total 10,563 staff positions were comprised of Hispanics. Also, 6.1% and 4.9% of management positions were held by African Americans and Asian Americans, respectively. As of the first quarter of FY93, there were 3 Hispanics that held Senior Executive Service (SES) positions at NIH, or 1.3% of the total SES work force profile. The average salary of Hispanic SES personnel was less than others at the same level, $99,333 compared to $104,576 for non-Hispanic SES. The discrepancies in salary levels may be a reflection of average grade profile and/or the length of time individuals have held those positions.

The lack of Hispanics within NIH is equally abysmal. The average number of promotions made within NIH between FY90 and FY92 was 2,293. Hispanics averaged a total of 34 promotions during that period, representing 1.5% of the total promotions made.

The dismal state of Hispanic representation in the NIH work force, at all levels, is a clear reflection of the lack of interest or emphasis that NIH management places on their recruitment, hiring, and promotion. Efforts to improve minority staffing at NIH must also consider the discrepancies in the NIH average grade, salary profile, and promotions between Hispanics and others.

NIH MULTI-YEAR INITIATIVES

NIH participation rate of Hispanic Americans is so disparate that a serious look at the agency's affirmative employment objectives is warranted. Having an average

promotion rate of 1.5% for Hispanics seems to me a clear indication of the lack of interest within NIH in encouraging Hispanic employment efforts. The 1.6% of Hispanics represented in management positions and 1.3% in SES positions bears out allegations of discrimination.

NIH apparently has multi-year initiatives to select, promote, and retain minorities and women in the following areas: 1) Biomedical Science Career Orientation Programs, 2) Management, 3) Minority Recruitment Network, 4) Career Development Workshops, 5) EEO Critical Performance Element, 6) Work Place Behavior Audit, 7) Exit Interviews, 8) EEO training for all employees, 9) staff fellow reviews, and 10) Affirmative Employment Monitoring.

As laudatory as these alleged initiatives may sound, they do not necessarily insure that the disparate representation of Hispanic Americans in the NIH work force will be addressed or corrected. Top level initiatives are needed which guarantee the tripling and quadrupling of Hispanics in the NIH work force in the next 18 months.

The poor Hispanic employment rates within NIH also leads me to question the degree and seriousness to which the agency looks to address Hispanic health concerns. Hispanics are disproportionately affected by diabetes and HIV, and suffer from excess incidence of obesity, kidney problems, and certain cancers. Neural tube defects such as spina bifida, down syndrome, and anencephaly have also been found to affect Hispanic infants and children at higher rates than non-Hispanic Whites. In addition, there is a great lack of research and data collection in setting policy priorities and implementing prevention models. Basic disease-specific data on the health status of Hispanic subgroups, however, are non-existing or seriously lacking.

The participation rates of Hispanics in NIH-sponsored programs appears to be poor. Few of the ongoing NIH programs sponsored by the Office of Minority Health and the Minority Health Initiative target Hispanics, either as a function of the location of the programs in areas where few Hispanics reside or as a function of criteria emphasized that do not consider Hispanic health indicators. When implementing such programs, it is important to consider that location of grant beneficiaries and criteria may exclude Hispanics, even when the programs are minority-focused.

Greater Hispanic involvement at the drafting stages and within the administrative offices would lead to greater Hispanic participation in NIH programs.

RECOMMENDATIONS

To begin to correct the disparate treatment in the hiring and promotion of Hispanics at NIH, the agency must initiate the following actions:

1. Set specific targets for the hiring of Hispanics, similar to what has been done at the Federal Bureau of Investigation;
2. Triple the number of Hispanics in the Senior Executive Service Corps by reviewing the placement of all Hispanic SES potentials and incorporating Hispanics in SES training programs;
3. Insure that all Certificates of Eligibles forwarded to selecting officials by personnel include qualified Hispanics. Also, if Hispanics are on the Certificate and not selected, a detailed explanation must be provided by the selecting official with a copy provided to the Hispanics not selected;
4. Require that all training and career development programs have, at a minimum, 10% Hispanic representation;
5. Require the NIH Director to work closely with the NIH Hispanic American Advisory Committee (HAAC) to identify programs, policies, and resources to maximize the participation of Hispanics at the hiring and program levels.
6. Require NIH to contract with Hispanic Serving Institutions (HSIs), Hispanic community-based organizations, and other Hispanic non-profit organizations to recruit Hispanics and select interns.

The Caucus met with Secretary Shalala on July 29, 1993 to express our concern about the lack of attention given to Hispanic staffing and Hispanic health issues at DHHS. The Caucus stands ready to work with DHHS and NIH in order to address Hispanic health concerns, improve Hispanic participation in DHHS programs, and increase Hispanic staffing at all levels.

The Caucus also holds a strong interest in working with this Subcommittee to remedy these inequities. Thank your for your time.

Mr. HASTINGS. Mr. Wynn.

Mr. WYNN. Thank you Mr. Chairman, for calling this morning's hearing on minority hiring and promotion practices at the National Institutes of Health.

For years, we have heard about the racial discrimination at NIH in recruitment, selection, and promotion of minorities. Today's hearing gives us an opportunity to discuss these and other charges, such as NIH supervisors threatened those employees who filed complaints, and also gives us a chance to talk about what NIH has done to resolve these issues.

For years, African-American employees, many of them my constituents, have complained of unfair labor practices at NIH including promotions based on race rather than ability. They have told me of a pattern of racial discrimination at the institution. African-Americans are routinely passed over while white employees climb the pay scale.

Finally, I hope to shed light on the statistics that show that the bottom end of the pay scale is predominantly filled with African-Americans while the top end is not.

NIH documents have revealed that the agency has received 203 EEO complaints in the past 5 years; 32 are still unresolved and that the 26 that were settled took more than a year.

In addition, it appears that employees have filed 242 informal complaints last year alone.

A year ago, NIH hired Drew Dawn Enterprises to study the issue of racial discrimination in the Acquisition Management Division. This report, completed last fall, described continued discrimination of African-American employees. In addition, the report described an "Ole Boy" network where older, male employees gave raises to young, female employees in exchange for sexual favors.

This report identified 40 employees by code number only. Last September, a draft of the report and the code list of names was stolen from Drew Dawn's office and employees on that list are worried about reprisals at the office.

NIH hired a second company to analyze the Drew Dawn Report. This is referred to as the Delaney Report. NIH set up a special task force to study the issue of racial discrimination and sexual harassment.

NIH actually consists of 13 different research institutes: The National Cancer Institute, the National Institute of General Medical Sciences, the National Institute on Aging, among them.

NIH also contains special research facilities like the National Library of Medicine and the National Center for Nursing Research.

NIH is the premier research agency in this country which conducts biomedical research that private companies do not have the funds to undertake. It is, thus, the jewel in the crown of its parent agency, the Department of Health and Human Services.

I find it ironic that this jewel is suffering from such internal problems. One of the goals at NIH is to research the health problems of all Americans, including minorities. Yet the institution itself is, in fact, suffering from the cruel disease of racial intolerance, I find this ironic.

A GAO study in 1986 documented this issue. The report, in response to the request from Congressmen Louis Stokes and Steny Hoyer found that discrimination complaints took too long to process and the agency doesn't comply with the EEOC requirements.

I would like to tell one anecdotal story from a constituent of mine. This gentleman worked at NIH for 31 years and he was the

first African-American division chief at the agency. He advised me that his supervisors repeatedly passed over minority employees for advancement while promoting white employees with less education and experience. During his tenure, he advised me that he was criticized for hiring too many blacks and women. He remained at the same grade level for many years. After he retired, his job was divided into four different positions, and he was replaced with a Senior Executive Service employee. As many of you know, that means a tremendous pay raise for that individual. He says to me that there is an overall racist attitude and demeanor in every aspect of hiring and promotion at NIH.

Let me emphasize that my concern is not for a witch hunt nor to seek blame or admonish individuals. My concern is that we bring these issues to light in terms of public scrutiny and Federal scrutiny and that we focus on ways in which these, apparently institutional, problems can be corrected.

In that vein, I am looking forward to this hearing.

[The prepared statement of Hon. Albert Russell Wynn follows:]

PREPARED STATEMENT OF HON. ALBERT RUSSELL WYNN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Thank you, Mr. Chairman, for calling for this morning's hearing on minority hiring and promotion practices at the National Institutes of Health. For years, we have heard about racial discrimination at NIH, in recruitment, selection, and promotion of minorities. Today's hearing gives us an opportunity to discuss charges that NIH supervisors threatened those employees who filed complaints, and also a chance to talk about what NIH has done to solve these issues.

For years, African-American employees—many of them my constituents—have complained of unfair labor practices at NIH, and promotions based on skin color rather than ability. They have told me of a pattern of racial discrimination, primarily in upper management, but across the board. A number of employees have worked for years at a grade three, four or five on the Federal pay scale, without health benefits. Others have told me that African-Americans are routinely passed over for promotion while white employees, with less education and experience, climb the pay scale. Finally, I want to shed light on recent statistics that show the bottom end of the pay scale predominantly filled with African-Americans, while the top end is not.

NIH documents reveal that the agency has received 203 E.E.O. complaints in the past five years. Thirty-two are still unresolved, and 26 that were settled took more than a year. In addition, employees filed 242 informal complaints last year alone.

A year ago, NIH hired a company called Drew Dawn Enterprises of Silver Spring, Maryland, to study the issue of racial discrimination in a particular NIH department . . . the Acquisition Management Division. This report, completed last fall, described continued discrimination of African-American employees. In addition, the report described an "ole boy" network where older, male employees gave raises to young, female employees in exchange for sexual favors.

This report identified 40 employees by code number only. Last September, a draft of the report and the code list of names was stolen from Drew Dawn's Maryland office. Employees whose names are on this list are still worried about reprisals at the office.

After the release of the Drew Dawn report, NIH hired a company to analyze Drew Dawn and fill in some blanks. This is referred to as the Delaney report. In addition, this spring NIH set up a special task force to study the issue of racial discrimination and sexual harassment.

NIH actually consists of 13 different research institutes, including the National Cancer Institute, the National Institute of General Medical Sciences, and the National Institute on Aging. NIH also contains special research facilities, like the National Library of Medicine and the National Center for Nursing Research. NIH is the premier research agency in this country, and conducts biomedical research that private companies do not have the funds or ability to undertake. It is the jewel in the crown of its parent agency, the Department of Health and Human Services.

I find it ironic that this jewel is suffering from an internal disease of its own. One of the goals at NIH is to research the health problems of all Americans, including minorities, when the institution itself is suffering from the cruel disease of racial intolerance.

A GAO study in 1986 documented this issue. The report, in response to a request from Congressmen Louis Stokes and Steny Hoyer, found that discrimination complaints took too long to process, and that the agency did not comply with EEOC requirements.

Let me just tell one anecdotal story from a constituent of mine. This gentleman worked at NIH for 31 years, and was the first African-American division chief at the agency. He told me his supervisors repeatedly passed over minority employees for advancement, while promoting white employees with less education and experience. During his tenure, he was criticized for hiring "too many blacks and women." He remained at the same grade level for many years. After he retired, they divided his job into four different positions, and replaced him with a senior executive service employee. As many of you know, that means an enormous pay increase and a significant promotion. He says there is an overall racist attitude and demeanor in every aspect of hiring and promotion at NIH.

I do not see this hearing as a witch hunt. I hope we can hear about the various problems at NIH, from the administrators and employees, and come to some solutions.

Mr. HASTINGS. Thank you very much.

With the permission of Ms. Holmes-Norton and Mrs. Morella, if the distinguished Chair of the committee on the Post Office would have an opening statement.

Mr. CLAY. I have no opening statement.

Mr. HASTINGS. Ms. Norton.

Ms. NORTON. I want to thank you for undertaking the difficult task of ensuring that the matter of alleged discriminatory hiring procedures at the National Institutes of Health is appropriately corrected.

If I may say so, I find the presence of allegations of this kind and variety and at this widespread level to be especially surprising given the institution that we are investigating this morning. The subject of equal employment opportunity is one in which, as a former chair of the Equal Employment Opportunity Commission, I have an abiding and deep concern.

The widespread allegations at NIH point up the need for immediate passage of the Federal Employee Fairness Act, which would put Federal complaint processing and investigations through a needed mechanism, the EEOC. Even if NIH were to fully and fairly investigate these allegations, the best we could say is that a good fox would be watching the chicken coop. Federal workers deserve better.

Employee discrimination is intolerable wherever it exists, but it is particularly disturbing when found in Federal agencies who are administering the affairs of government and providing service to the public.

I welcome the opportunity to participate in these hearings, and I welcome today's witnesses as well.

Thank you, Mr. Chairman.

Mr. HASTINGS. Thank you.

Mrs. Morella.

Mrs. MORELLA. Thank you, Mr. Chairman.

I want to thank you, Mr. Chairman, and the Chairman of the full committee, Mr. Clay, for convening this hearing. The National Institutes of Health (NIH) is in the district that I represent. We all

have supported and just recently passed the NIH Revitalization Act. We all worked hard on that.

And now, as we look back, the Civil Rights Act was passed on July 2, 1964, amended by the Equal Employment Opportunity Act of 1972. These Acts require Federal agencies to implement and develop employment programs to eliminate historic underrepresentation of minorities and women in the work force. It is now 1993, 29 years since the passage of the original Act; and, yet, today we are still holding hearings on discrimination.

It is painful for me to speak with people who work at NIH, which is, as I mentioned, located in Maryland's Eighth District, and learn firsthand of blatant discrimination: race, sex, national origin, disability. NIH is our Nation's premiere health research institute and is world-renowned; and we are proud of it for its scientific endeavors. A single weakness, discrimination, has hampered the image of a great institution.

There is no room in our society for any form of discrimination, overt or covert. There is no room for manipulating the system so that the people who are hired are "the people who look like us." Statistics show that the Federal work force of the future will include more females and minorities than we have had in the past. Two thirds of the new entrants in the work force by the year 2,000 will be women and minorities; they will be in the work force because of necessity, the economy, and because there will be more qualified applicants from the ranks of minorities and women.

At this point, Mr. Chairman, I urge that all groups that face discrimination at this time work together to ensure the provisions of the Civil Rights Act and the Equal Employment Opportunity Act—that they be fully implemented. They must not lose their unified strength by infighting and finger pointing.

I am pleased that Dr. Bernadine Healy was invited and agreed to testify. I have great confidence in the work that she did as the Director the National Institutes of Health, and I know that from having read her testimony and knowing her personally through the years that she will speak candidly about her experiences on the subject of minority hiring and personnel practices and promotions at NIH during her tenure.

We have employment statistics for 3 years and 5 years at NIH. We know, however, that career managers and supervisors have, for the most part, been at NIH for longer than 5 years. There may be a causal relationship between the mindset of the senior long-term managers and the culture of NIH in promotions and personnel practices. Indeed, a change of culture of many of our agencies may need to be considered.

Another facet of discrimination which is extremely troublesome to me is the length of time that it takes agencies to process discrimination complaints. Many times, the person who alleges discrimination, must return to a hostile environment while the case is being processed.

Furthermore, if discrimination is found by investigation, the discriminating employee is rarely disciplined and then is free to continue discriminating and retaliating against the employee. I certainly have been working on a streamlined Equal Employment Opportunity bill. We introduced it in the last session of Congress. It

will be reintroduced. It was mentioned as the Federal Employee Fairness Act. And this should help to remedy some of the employee discrimination which exists in the Federal workplace.

And I will end my comments here, since there is much to be learned from the testimony of our witnesses. I did have an opportunity yesterday to read the testimony that had been submitted, and it is true some of the charts and some of the statistics are very frightening and do need to be remedied.

I do have another concern which has to do with the anonymity of some of the charges that have been made. And, I am hoping that an atmosphere and a climate of understanding and the concept of remedying this problem will be established so that these people can stand firm and have no problem with retaliation and we can remedy it.

So I am interested in hearing the comments of our witnesses, having them respond to questions, and hope that from this hearing there will be major changes that take place.

Thank you.

[The prepared statement of Hon. Constance A. Morella follows:]

PREPARED STATEMENT OF HON. CONSTANCE A. MORELLA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Thank you Mr. Chairman. I applaud the Chairman of the Committee on Post Office and Civil Service—who is also Chairman of this Subcommittee—for convening this hearing on minority hiring and promotion practices within the National Institutes of Health (NIH).

The Civil Rights Act was passed on July 2, 1964 and amended by the Equal Employment Opportunity Act of 1972. These Acts require federal agencies to implement and develop employment programs to eliminate historic underrepresentation of minorities and women in the work force. It is now 1993, 29 years since the passage of the original Act and yet, today, we are still holding hearings on discrimination.

It is painful for me to speak with people who work at the NIH, which is located in my district, and learn first-hand of blatant discrimination: race, sex, national origin and disability. NIH is our nation's premier health research institute and is world renowned for its scientific endeavors; a single weakness—discrimination—has cast a shadow and severly hampered the image of a great institution.

There is no room in our society for any form of discrimination, overt or covert. There is no room for manipulating the system so that people that are hired are people "who look like us." Statistics show that the federal work force of the future will include more females and more minorities than we have had in the past. They will be in the work force because of necessity (the economy), and because there will be more qualified applicants from the ranks of minorities and women. At this point, Mr. Chairman, I urge that all groups that face discrimination at this time work together to ensure that the provisions of the Civil Rights Act and the Equal Employment Opportunity Act be fully implemented—they must not lose their unified strength by infighting and finger-pointing.

I am pleased that Dr. Bernadine Healy was invited and agreed to testify. I know that you will speak candidly about your experience on the subject of minority hiring and personnel practices in promotions at NIH during your two-year tenure.

We have employment statistics for three years and five years at NIH. We know, however, that career managers and supervisors have, for the most part, been at NIH for longer than five years. There may be a causal relationship between the mind-set of the senior long-term managers and the culture of NIH in promotions and personnel practices. Indeed, a change in culture of many of our agencies may need to be considered.

Another facet of discrimination which is extremely troublesome to me is the length of time which it takes agencies to process discrimination complaints. Many times, the person who alleges discrimination must return to a hostile environment while the case is being processed. Furthermore, if discrimination is found by investigation, the discriminating employee is rarely disciplined and is then free to continue discriminating and retaliating against the employee. I hope that a streamlined

equal employment opportunity bill will remedy much of the employment discrimination which still exists in the federal work place.

I will end my remarks here as there is much to be learned from the testimony of our witness. In the meantime, I hope that the record will remain open for additional material on employment practices at NIH.

Thank you, Mr. Chairman.

Mr. HASTINGS. Thank you.

STATEMENTS OF BERNADINE HEALY, M.D., FORMER DIRECTOR, NATIONAL INSTITUTES OF HEALTH; ACCOMPANIED BY: DIANE ARMSTRONG, OFFICE OF EQUAL OPPORTUNITY, NATIONAL INSTITUTES OF HEALTH; AND JOHN MAHONEY, DEPUTY DIRECTOR FOR MANAGEMENT, NATIONAL INSTITUTES OF HEALTH

Mr. HASTINGS. We are privileged this morning to have invited, and to have her accept the invitation to appear here and testify in connection with the interest in minority hiring of our Chairperson Clay and other Members of this committee Dr. Bernadine Healy, who is the former Director of the National Institutes of Health during President George Bush's administration.

Dr. Healy, we welcome you and are delighted to hear from you this morning.

Dr. HEALY. Thank you.

Mr. Chairman and subcommittee Members, I have submitted a longer testimony. I will make my oral testimony more brief.

I am here today at your specific invitation to visit in connection with minority hiring and promotion practices at NIH.

Mr. Chairman, I personally believe that education and opportunity are the great equalizers in our society. We are born into different circumstances; but given education and opportunity, I sincerely believe that anyone can achieve the American dream. And that is why I am here today.

There are problems and concerns expressed by our community at NIH. These concerns must and will be addressed. We have taken many steps, many aggressive steps, to become part of the solution and not part of the problem.

We must promote a pattern of progress, not a record of regret. In a recently formulated NIH strategic plan entitled Investment for Humanity, we strongly identified the promotion of equality and fairness as essential to NIH's ability to hold and strengthen the confidence of the American people. It is of strategic importance that we do so.

We stated explicitly that "NIH must foster an environment in our intramural and extramural communities that . . . attends tirelessly to the support and renewal of talent, regardless of race, gender, creed, or physical disability."

In the plan, we identified three crucial areas:

One focused on the development of a personnel system and a leadership base of both scientists and administrators that would emphasize opportunities for women and minorities. We specifically targeted as goals improved strategies for the recruitment and promotion of minority groups and increased employee appreciation for harmony and diversity in the workplace. We identified the health of minorities as one of NIH's nine strategic issues.

I would like to submit for the record 3 pages from the plan that describe the minority health initiative. It addresses health issues that affect the quality of life and life expectancy of minority groups.

And, third, the strategic plan addresses the access of minorities to careers in medical research. This includes improving instruction in science for minorities and increasing the recruitment and retention of minority biomedical scientists, both in our Bethesda campus and in the universities and other institutions that we support.

The NIH plan articulates our vision for the enterprise we intend to be. But we have taken tangible steps to achieve that vision.

I have listed many of them in my testimony, and I will not recount them all. But they include tangible progress in retention and promotion of minorities and women, particularly focused on concern of involvement of minorities in senior levels at NIH.

In the Office of Director of Senior Staff, 5 of my 16 senior staff are minority and half are women. In the institutes and centers we have tried very hard in recruitment, as those positions turn over, to bring in more women and minorities.

One minority ICD was appointed over the past 2 years, and we increased the number of women from two to three among the institute and center leadership in March and made a considerably more active Office of Equal Opportunity under the strong leadership of Ms. Diane Armstrong. We tried for a year to promote Ms. Armstrong to a senior service and to strengthen her oversight to the individual institutes with mixed success because of bureaucratic obstacles.

We initiated multi-year initiatives focusing on recruitment, career development, and monitoring of EEO activities.

All the specific programs that I have outlined in my testimony, Mr. Chairman, will be meaningless unless we effect lasting changes in the culture of the NIH campuses.

As I mentioned in the NIH record, which I submit for the record, we must foster a culture of respect and fairness in the NIH workplace. This is why we held a NIH-wide town meeting more than a year ago, to explore the theme of diversity and harmony in the workplace specifically addressing issues of minorities and women. And Mrs. Morella participated in that town meeting. The way in which we respond to an employee's concerns is central to fostering a culture of respect and fairness.

In response to employee's concerns voiced to me and Mrs. Armstrong, over a year ago, about the Division of Acquisition Management, the office of director through Diane Armstrong commissioned the Drew Dawn report—the now infamous Drew Dawn report. This report came about because of concerns brought to the NIH leadership by concerned citizens within our community. It was recently released.

And what was in that Drew Dawn report was troubling to me. Employees spoke of nepotism, favoritism, sexism, and racism. However, their complaints were made anonymously. Nevertheless, we have taken two steps in immediate response to review of the Drew Dawn report.

First, the Office of Equal Opportunity is pursuing those complaints to obtain the specifics that are necessary to take action. At

least one case described in that report, in which a formal complaint was also lodged, the manager has been removed from his position.

Second, on May 12, I established a task force on fair employment practices to address, among other issues, the policies, practices, and procedures present at NIH dealing with race discrimination, nepotism, and favoritism.

The highly diverse task force consisted of a cross-section of employees at all grade levels and is headed by Ms. Sandy Chamblee, Senior Policy Advisor to the Director; and Dr. John Diggs, who was formally Director of Extramural Research at NIH.

The first priority of the task force is considering ways in which the NIH Office of Equal Opportunity can monitor and protect against reprisals and retaliation, those employees that file complaints. And we are concerned that many employees fail to come forward with a complaint because of fear of retaliation. It is my understanding that the task force will hold an open meeting in August giving employees an opportunity to voice their concerns regarding reprisal and retaliation and other aspects of possible discrimination, favoritism, nepotism, and sexism. These efforts reflect our deeply felt desire not only to respond to allegations of wrongdoing but to create a long-term plan for "rightdoing."

In closing, let me refer back to our NIH mission: Science and the pursuit of knowledge to improve human health. That means preventing and treating human suffering. As a corollary to this, NIH must hold itself to the highest standard of treatment of all human lives, and that includes our own employees.

Thank you, Mr. Chairman.

[The prepared statement of Dr. Healy follows:]

PREPARED STATEMENT OF BERNADINE HEALY, M.D., FORMER DIRECTOR, NATIONAL INSTITUTES OF HEALTH

Chairman Clay and subcommittee members, I am here today at your specific invitation and as a private citizen to testify in connection with your interest in minority hiring and promotion practices at the NIH. Although it is unusual for a former director to testify, I view the issue of equal opportunity as so essential to a diversified work force that I have made a special point of being here today.

NIH is, indeed, a reflection of American society as a whole—and we face the same challenges that American society faces in ensuring equal opportunity for all. Let me remind you of a few lines from Jesse Jackson's speech at the Democratic National Convention in 1984. He said: "Our flag is red, white, and blue, but our nation is a rainbow—red, yellow, brown, black, and white—and we're all precious in God's sight. America is not like a blanket—one piece of unbroken cloth, the same color, the same texture. America is more like a quilt—many patches, many pieces, many colors, many signs all woven and held together by a common thread . . . All of us count and all of us fit somewhere."

For NIH to fulfill the ideal of its mission: "science in the pursuit of knowledge to improve human health," we must also be a quilt held together by a common thread. That common thread is preventing and treating human suffering. As a corollary to this, NIH must hold itself to the highest standard in our treatment of all human lives. That, of course, includes our own employees.

Mr. Chairman, I personally believe that education and opportunity are the great equalizers in our society. We all come from different circumstances but given education and opportunity, I sincerely believe anyone can achieve the American dream. And that is why I am here today. There are problems and concerns expressed by our community at the NIH. These concerns must and will be addressed. We have taken many steps—aggressive steps—to become part of the solution and not part of the problem. We want to promote a pattern of progress, not a record of regret.

In the recently formulated NIH strategic plan, Investment for Humanity, we identified the promotion of equality and fairness as central to NIH's ability to hold and strengthen the trust and confidence of the American people. We stated explicitly that "NIH must foster an environment in our intramural and extramural communities that . . . attends tirelessly to the support and renewal of talent, regardless of race, gender, creed, or physical disability." [p. 5]

In the plan, we identified several crucial areas for attention:

1. One focused on the development of a personnel system and a leadership base of both scientists and administrators that would emphasize opportunities for women and minorities. We specifically targeted as goals improved strategies for recruitment and promotion of minority groups and increased employee appreciation for harmony and diversity in the workplace.

2. We identified the health of minorities as one of NIH's nine strategic issues. I would like to submit for the record, three pages from the NIH strategic plan which describe the Minority Health Initiative. Part of the initiative, which has been underway for two years, addresses health issues that affect the quality of life and life expectancy of minority groups across the life span. This initiative has been a line item appropriation in the Office of the Director targeted for the Office of Minority Programs.

3. A third effort addresses the access of minorities to careers in medical research. This includes improving instruction in science for minority students and teachers and increasing the recruitment and retention of minority biomedical scientists and administrators, both on our Bethesda campus and in the universities and other institutions we support.

The NIH strategic plan articulates our vision for the kind of enterprise we intend to be. Now let me focus on the tangible steps we have taken to achieve that vision.

TANGIBLE STEPS FOR ACHIEVING EQUAL OPPORTUNITY

Over the past two years, we have made tangible progress in the retention and promotion of minorities. For example, during the past two years, the rate of promotion activity for minorities was consistent with their representation in the overall work force. From fiscal year 1987 to 1992, for example, there have been significant increases in the number of Blacks and other minorities in senior level positions, which are defined as GS/GM 13 and above. Blacks at those levels increased by 110, or 50 percent, from 114 to 224; Hispanics have more than doubled, from 24 to 50; Asians increased by 49, from 109 to 158; and Native Americans increased by 1, from 1 to 2.

I believe that the high standards must be upheld by those in leadership. Of the sixteen members of my senior staff, one-fourth were minority members. I also hired the only minority member as director of an NIH institute, Dr. Kenneth Olden, who heads the National Institute of Environmental Health Sciences. Moreover, I increased the clout and visibility of the Office of Equal Opportunity (OEO), headed by Ms. Diane Armstrong, by raising it administratively within the Office of the Director.

Through the Office of Equal Opportunity, we established several initiatives to create a better working environment at NIH. For example:

- We are holding supervisors and managers at all levels, including institute directors, accountable for EEO activities and taking action to ensure that managers are well trained in EEO and diversity management.
- We established an NIH Telephone HOTLINE to allow employees to report work place environment concerns.
- We have included an EEO critical performance element in all managers' and supervisors' performance standards.
- We are reviewing workplace behavior in each institute, center, and division.
- We are doing exit interviews to collect information to analyze and propose actions to reduce the level of turnover of minorities.
- We are conducting training to educate managers and supervisors on how to carry out their OEO responsibilities in performance ratings, with more than 800 supervisors and managers having taken the course since March.
- We are conducting mandatory training in the prevention of sexual harassment, with more than 5,000 employees from every level of NIH having taken the training since 1991.
- We have made a number of changes in the NIH Office of Equal Opportunity to increase its effectiveness. These include adding 30 additional EEO Counselors and restructured the OEO Complaints Management and Adjudication Branch to improve case management; filling two vacant EEO specialist positions; reassigning an EEO specialist to do full-time counseling; authorizing a Blanket Purchase Agreement with contractors to conduct EEO counseling and write formal complaint sum-

maries; using Department of Health and Human Services (DHHS) mediators to expedite complaint processing; finally, we have provided training and briefings on the new Equal Employment Opportunity Commission (EEOC) regulations on complaint processing.

Multi-Year Initiatives

NIH has initiated a number of special programs to enhance the recruitment, retention and career development of minorities and women at all grade levels at the NIH. Let me briefly describe these programs for you.

Biomedical Science Career Orientation Program—This program is an outreach effort to raise the awareness and interest of minority high school students in biomedical research careers, through an 8 week paid internship in NIH laboratories.

Management Cadre—This program is designed to train and qualify minorities and women at the GS-GM 12, 13, and 14 grade levels for future senior level vacancies through an 18-month training and career development program.

Minority Recruitment Network—This network has been utilized by the OEO to distribute NIH vacancy announcements to 200 minority organizations. In fiscal year 1992, more than 1,000 announcements and job opportunities were referred through the Network.

Career Development Workshops—These workshops are designed to provide employees in grades GS 8 and below with an opportunity to enhance their career potential through classes relating to their professional development.

Federal Equal Opportunity Recruitment Program (FEORP)—This program is a uniform NIH-wide approach to targeted recruitment strategies and increased representation of minorities and women at the NIH. The Task Force provided standard policy and operating procedures on all aspects of FEORP, including length of advertising for vacancies in areas where minorities are underrepresented, areas of consideration for targeted recruitment, mandatory interviews for all highly qualified candidates, and review and approval by the ICD Director or designee before a formal job offer is made.

Staff Fellows Review—In fiscal year 1990, a review of the NIH Staff Fellows Program was undertaken by the Office of Equal Opportunity, using a private contractor, to explore concerns stemming from the low rate of conversions of minorities to permanent positions from the Staff Fellows Program. A task force that was developed to address the findings in the Staff Fellows Review was merged subsequently with a task force established to review the status of minorities and women in intramural research. The recommendations of this task force are expected to assist NIH in improving the representation and development of minorities and women in scientific occupations.

Internal Audit and Reporting System—This program is being undertaken to develop a standard system to measure the progress of each NIH component in the implementation of their EEO program, including Affirmative Employment Program, FEORP, and EEO complaints. The system will also provide information for use by senior managers in conjunction with performance reviews of the managers under their supervision. It includes an annual EEO Report Card Review of each ICD, assessing their progress in the overall representation of their work force, accessions, promotions, conversions and separations in FEORP-targeted positions, opportunities and EEO complaints. These reviews have been in effect since fiscal year 1990 and on-site reviews of each entity's affirmative employment program began this year.

Affirmative Employment Program (AEP) Monitoring—NIH has initiated the inclusion and monitoring of the career development, summer programs, training programs and minority supplements in the annual AEP Plan for Minorities and Women to ascertain barriers to their inclusion in these programs and make recommendations on ways to eliminate the identified barriers.

NIH'S SUPPORT OF PROGRAMS TO IMPROVE SCIENCE EDUCATION FOR MINORITIES

Unfortunately, Mr. Chairman, one of the challenges the NIH faces in promoting members of minority groups to high-level scientific positions is that such individuals have traditionally been underrepresented in the biomedical sciences. This underrepresentation is a result of a small number of minority students entering the educational pipeline and staying in the educational pipeline to receive the Ph.D. degree in science. We lose students at every stage of the educational process. Although 11.8 percent of high school sophomores expressing interest in science are minority members, by the time these students are juniors in college, that percentage is down to 6.5 percent. Only 4.2 percent of students receiving masters degrees in science are minorities, and only 3.5 percent of science Ph.D.s are awarded to minority students. But NIH is working to change this situation.

All of NIH's major components actively support science education efforts. In fact, a comprehensive life science education program for minorities has been developed. These programs range from the Minority High School Student Research Apprentice Program, which provides minority high school students with an opportunity for hands-on experience in health-related research, to the Science Enrichment Program, a 6-week residential program for underrepresented minorities and underserved youth that is designed to encourage 10th graders to pursue professional research careers in the fields of science and/or mathematics.

In addition, we have formed a partnership with the National Science Foundation (NSF) to offer biomedical training programs to students from middle school level to the undergraduate level through existing and future centers established by three NSF initiated programs. In fiscal year 1993, we have contributed some two million dollars to these programs to begin the design and implementation of biomedical research components in a number of sites.

CREATING A CULTURAL CHANGE: TOWN MEETINGS, A TASK FORCE, AND REPORT

All of the programs that I have described to you today, Mr. Chairman, will be meaningless, however, unless we affect profound and lasting changes in the culture on the NIH campus. As I mentioned in an interview published last month in the NIH's employee newspaper, which I submit for the record, we must foster a culture of respect in the NIH work place. Among the tangible steps that we have taken to foster a culture of respect was an NIH-wide town meeting held last year to explore the theme "Diversity and Harmony in the Work Place."

As I pointed out in that town meeting, in modern America it is more and more the work place where we find our friends and often our sense of belonging. The NIH work place, with its self-sufficient campus, only heightens this feeling of belonging to a small-town community. Moreover, the NIH community is one dedicated to saving and improving human lives. Implicit in that mission is the fundamental premise that every life matters, every human being is important. To put it plainly, it would be a tragedy to compromise this fundamental NIH premise by inappropriate behavior in the work place. As I pointed out, the NIH community has enough to do struggling against death and disease—we don't need to harm each other by treating coworkers as less than worthy of respect and dignity. Small communities, like the NIH, are generally good at communication. The town meeting was an effort to foster a dialogue in every lab and office on how to respect, value, and even to celebrate the diversity of our NIH community.

In order to institutionalize the kind of dialogue begun at last year's town meeting, on May 12, I established a Task Force on Fairness in Employment Practices to address, among other issues, the policies, practices, and procedures present at NIH to handle cases of race discrimination, nepotism, and favoritism. The Task Force, which consists of a cross-section of employees at all grade levels, is headed by Ms. Sandy Chamblee, Senior Policy Advisor to the director, NIH, and Dr. John Diggs, formerly Deputy Director of Extramural Research at NIH.

As its first priority, the Task Force is considering innovative ways in which the NIH Office of Equal Opportunity (OEO) can more effectively monitor, and protect against reprisal and retaliation, those employees who file complaints. The Task Force has met on two occasions and is in the process of accomplishing its first mandate. It is my understanding that the Task Force will hold an open meeting in August to give employees the opportunity to voice their concerns regarding reprisal and retaliation and other aspects of possible discrimination, favoritism, and nepotism at NIH.

The way in which we respond to employees' concerns is central to fostering a culture of respect. In response to employees' complaints, the NIH Office of Equal Employment Opportunity, headed by Diane Armstrong, commissioned an inquiry and report, the Drew Dawn Report, following a discussion with the NIH chapter of Blacks in Government (BIG). The inquiry looked into concerns raised by employees about NIH's Acquisition Management Division. The Drew Dawn Report was deeply troubling to me. In the pages of this report, employees anonymously spoke of nepotism, favoritism, sexism, and racism. However, the complaints were anonymous, and most were not specific enough for us to take any personnel action. Nevertheless, the Office of Equal Opportunity is now looking into these complaints to obtain specifics. I can tell you, however, that in one case described in the report in which a formal complaint was lodged, the case was found to have merit and the manager has been removed from his position.

As you know, Mr. Chairman, a number of NIH employees have enlisted the NIH chapter of Blacks in Government (BIG) and the Montgomery County Chapter of the National Association for the Advancement of Colored People (NAACP) to help them

with their complaints. In an effort to better understand and to alleviate the concerns of these employees, I have met on several occasions with Mr. Vincent Thomas, who heads the NIH chapter of Blacks in Government, and with Mr. Gregory Wims, the director of the Montgomery County NAACP. To help unite the NIH community around the shared goals of fairness and equity, I also attended a rally organized by BIG and the NAACP.

These efforts reflect my deeply felt desire not only to respond to allegations of wrong-doing, but to create a plan for right-doing. I know that this desire is shared by all those in the Office of the Director.

CONCLUSION

Mr. Chairman, my decision to testify today reflects my commitment to equality and fairness. I wish to give you a frank appraisal of the work place environment, which we want and need to improve. There can be no question about the need for NIH to further its minority hiring and promotion efforts and to enhance the culture of respect on the NIH campus.

In closing, I would like to quote a few lines from Martin Luther King's speech delivered in front of the Lincoln Memorial almost 30 years ago, on August 28th, 1963. He said, "We have come to this hallowed spot to remind America of the fierce urgency of now. This is no time to engage in the luxury of cooling off or to take the tranquilizing drug of gradualism. Now is the time to make real the promises of democracy. . . . Now is the time to open the doors of opportunity to all of God's children. Now is the time to lift our nation from the quicksands of racial injustice to the solid rock of brotherhood." NIH is committed to making equal opportunity a reality in the here and now. Thank you for having me here today. I will be pleased to answer any questions.

Investment for Humanity—1993

A strategic vision for the National Institutes of Health

Health of Minorities and Underserved Populations

Minority groups represent less than one-quarter of the total U.S. population, yet they bear a disproportionate burden of the country's mortality rates stemming from disease and violence. Unfortunately, many minority Americans—African Americans, Hispanics, Asians, Pacific Islanders, Native Americans, and Alaskan Native citizens—are less likely than whites to live long and healthy lives. Likewise, underserved populations much as the physically and mentally disabled, impoverished Americans, the homeless, and migrant workers have the poorest overall health and, in most cases, no health insurance.

Minority and underserved populations also are underrepresented in biomedical research as participants in clinical research and investigations of diseases that affect these groups. Equally important, these groups are underrepresented as investigators in the biomedical sciences.

NIH recognizes the urgent need to close the health gaps between minorities and the remainder of the population, and to develop minority health and training programs in partnership with the minority communities. Research initiatives supported by NIH in this area include:

- Minority Health Initiative
- Research Training for Underrepresented Minorities

Minority Health Initiative

There is a wide difference in infant mortality rates between whites and blacks. In 1989, there were 8.2 deaths in 1,000 live births for whites compared with 17.7 for blacks. Minority adolescents have higher rates of unintended pregnancy, sexually transmitted diseases, homicide, alcoholism, mental illness, and unintentional injury than their white counterparts. For many minority elderly, there is greater morbidity and mortality resulting from a higher incidence of chronic diseases than for whites.

To combat these serious problems, NIH has developed the Minority Health Initiative. Its research efforts focus over the entire life span on health issues affecting the quality of life and life expectancy of minority groups. New research programs are being established to identify risk factors, prevention strategies, and treatments for the health problems of minority infants and youth, with particular emphasis on the causes and prevention of low birth weight, infant mortality, and sudden infant death syndrome; prenatal care to minority women; effective ways to increase immu-

nization levels among minority children; and the impact of AIDS, drugs, tobacco, alcohol, and mental illness on minority individuals of all ages.

The Office of Minority Programs, created in 1990 to coordinate NIH-sponsored minority research and training programs, is responsible for implementing the Minority Health Initiative.

RESEARCH TRAINING FOR UNDERREPRESENTED MINORITIES

Minority Americans are underrepresented in the sciences. This is true in the private sector, on university campuses, and in secondary school programs. The United States' best hope to secure its economic competitiveness in the world, provide adequate health care for all its citizens, and improve society's general welfare is to diversify its work force. Achieving these goals requires greater access to higher education for minority students.

By the year 2000, 68 percent of those entering the Nation's work force will be minorities and women—groups traditionally underrepresented in the biological sciences. In 1990, 4,779 doctorates were awarded in the United States in the life sciences, but only 128 (3 percent) of those doctoral degrees went to Hispanics, 91 (2 percent) to blacks, and 8 to Native Americans.

NIH recognizes that the problem begins at the elementary grade level and continues through graduate school. Thus, strategies must focus on the entire educational pipeline—from early schooling through graduate school and beyond. The Office of Minority Programs is augmenting institute activities to increase the number of minority biomedical scientists through a range of academic enrichment and research training programs specifically targeted to minority students.

For example, NIH is promoting special programs at colleges and universities offering graduate and doctoral programs that will assist minority students in making a smooth transition from a master of science degree program into a Ph.D. program. NIH also is collaborating with the National Science Foundation to support several academic enrichment programs for pre-college and undergraduate students. Often pre-college programs are instrumental in encouraging minority students to pursue science in college by affording them the opportunity to receive hands-on laboratory experience and to explore career opportunities and challenges in the biomedical and behavioral sciences.

By focusing greater attention and resources on the entire educational pipeline, NIH's Office of Minority Programs strives to encourage greater numbers of minority men and women to continue their science education and pursue careers in the biomedical sciences.

Health Initiatives

Infant Mortality

This initiative focuses on infant mortality and low birth weight infants through Washington, D.C.-based intervention trials to test improved methods of outreach aimed at early entry into prenatal care, social support, and behavioral change; studies also include perinatology research on nutrition, toxemia, premature labor and low birth weight.

Children's Health

This component focuses on injury-related morbidity, lead poisoning, asthma, learning disorders, and vision and speech impairment among minority children ages 1 through 9.

Adolescent Health

This project attempts to identify, implement, and evaluate behavioral interventions targeted for minority youths aged 10 to 24. The emphasis is on reduction of violence and the sequelae of sexual behavior. All of the projects are community or school-based.

Young Adults

Projects focus on minority participation in periodic health screening and enhanced patient adherence to medical and behavioral treatment regimens. This component also includes studies on environmental health and tuberculosis.

Older Adults

This component focuses on factors affecting the severity and progession of chronic diseases/conditions. Studies will examine the relationship of disease severity to specific types of functional impairment.

Training Initiatives

Regional Training and Research Centers

In collaboration with NSF, these regional centers involve a consortium of academic institutions—minority and majority. Education, research, and research training activities will be supported at each center site.

M.S./Ph.D. Bridge Program

Many minority students who earn M.S. degrees in the biological sciences do not continue on for a Ph.D. This program provides support and encouragement for those students to continue their education, by formally linking smaller M.S.-granting institutions with larger research universities.

2-Year/4-Year Bridge Program

A substantial percentage of minority high school graduates continue their education at 2-year institutions. This program provides incentives and support for students to continue their education in the biomedical sciences at a 4-year school after acquiring their 2-year degree.

Pre-College Intervention Program

In a partnership with NSF, the NIH Office of Minority Programs will support middle school and high school academic enrichment programs in the biomedical sciences (e.g. biology, chemistry, etc.).

International Research Program

In partnership with the Fogarty International Center, this program provides for international research experiences for undergraduate, graduate, and postdoctoral minority students and faculty.

Evaluation of NIH Minority Training

The Office of Minority Programs will collect data from each of the institutes to determine the level of support for minority training programs at NIH, and also the impact of those programs in terms of the number of students and researchers in the "pipeline" who are supported by NIH funds.

Major Goals: Health of Minorities and Underserved Populations

- Pursue the Minority Health Initiative.
- Strengthen partnerships between NIH and the minority community to promote general health and disease prevention. This is crucial for minority participation in clinical trials and the success of the Minority Health Initiative.
- Foster and increase minority participation in clinical trials and population-based studies across NIH.
- Improve instructional and enrichment activities in science for minority students and teachers.
- Increase recruitment and retention of minority biomedical scientists and administrators, intramurally and extramurally.

Healy Reviews Hopes for Healing Campus Unrest

[From The NIH Record, June 22, 1993]

(By Carla Garnert)

Back in spring 1991, on the day before she was to assume the helm of the National Institutes of Health, Dr. Bernadine Healy got an anonymous letter in the mail. Well-written and thoughtful, the 2-page missive allegedly was written by a group of female employees describing the unhappy professional lives of women at NIH. Healy the letter said, would never make it here. She would have an uphill battle. She would never be trusted. She didn't stand a chance of succeeding because the environment at NIH was not hospitable to women.

As an introduction to her new job, the note naturally troubled Healy. "That was my first anonymous letter," she recalled during a recent interview. Her voice was quiet, a bit tired perhaps. Three and a half weeks before she leaves her desk, the director remembered aloud what she felt on the eve of beginning her 2-year tenure here.

"It arrived the day before I was to start my job," she continued. "Somewhere I saved it. It was a very articulate letter . . . but it broke my heart. It was a sad

letter because it predicted that I would fail. Nothing like receiving that the first night before you go to a new job. I must get several a week. I read them all. I never ignore them. [But] it's really hard to get your teeth into these issues unless a lot of detail is self-evident."

Recently, some employees at NIH offered to provide such detail—both to the agency and the public.

On May 4, NIH's chapter of Blacks in Government teamed with the Montgomery County chapter of the National Association for the Advancement of Colored People and rallied against unfair employment practices on the lawn in front of Healy's Bldg. 1 office. Allegations of racism, sexism, sexual harassment, favoritism, and nepotism suddenly clouded the agency, capturing media attention. About 20 minutes after the rally began, Healy, accompanied by several members of her senior staff, emerged from her office to face the angry gathering. Weeks later, arm-chair quarterbacks would still second-guess her decision. Why publicly acknowledge and personally address such a controversial, and potentially volatile, issue?

"It just seemed at the time to be the only right thing to do," Healy answered without hesitation. If we're talking about bringing our community together, then I have to be with the community. I have to be willing to be with them and to hear what they have to say directly. It was obvious that there was a lot of pain out there that day, a lot of suffering, a lot of people who felt that maybe we weren't listening. If anything I felt bad that I hadn't been out there the year before."

Eight days from today, NIH's first woman director will leave NIH pondering the same issue that ushered her in. Both the anonymous letter and the public protest can be seen as a call for healing—a call Healy answered in the way she says she knows best.

"I come at this from a doctor's perspective," she said, reviewing her comments and actions at the May 4 rally. Most of the criticism she has received on her open-style handling of this issue has come from within NIH's own walls, she said. "I tried to be careful and stress as much as I knew. Some people have been critical of that . . . On most issues I care about—for good or for bad—I'm willing to go out front. It gets me into a lot of trouble. It's not entirely a good trait, but I think that on this issue—as well as many others I've worked on at NIH—I've wanted to stand up and be counted."

That this kind of trouble cropped up at all during Healy's administration is ironic in a number of ways:

One, Healy herself is a woman in a position held previously by men only. Personal experience alone, she noted, heightened her awareness of painful, civil rights "isms." In addition, as director she has often stressed in speeches and in interviews the issues of harmony in the workplace and value of diversity. Last summer, she presided over her third "town meeting," which dealt entirely with employees getting along and respecting each other.

More concretely and as proof that Healy backs up her words with actions, just weeks before she was formally sworn in as NIH director she had already appointed an African American to head NIEHS. In June 1991, Dr. Kenneth Olden became the first Black director of an NIH institute. Five months later, Healy appointed another African American to head a project nearest to her heart: Dr. Vivian Pinn took over the NIH Office of Research on Women's Health, a new entity that coordinates the agency's nationwide investigation of the medical problems of women.

Clearly Healy's record at NIH does not mesh with the volume of serious allegations leveled at the agency she heads. It is also clear that the NAACP–BIG situation did not develop overnight. Healy described her first indication of the problems.

The original Drew Dawn Enterprises report, she said, was contracted by NIH's Office of Equal Opportunity based on meetings Healy had with Diane Armstrong, OEO director, and members of the Black community on the campus and BIG to complain primarily about one NIH area—the Division of Acquisitions Management. Apparently, the division had problems regarding, among other issues, proper promotion procedures for minority women. Drew Dawn delivered the report as planned. Healy said it did not come to her attention again until after the report was stolen. Following theft of that report, the NAACP held a press conference, bringing to light what was interpreted as NIH inaction on the matter. "I really didn't hear about it until the NAACP was holding a press conference," she said. "I had not even laid eyes on the report until the press conference. I had been told a month or so before that there was some trouble with a confidential report being stolen from someone's office and that it was being investigated."

Following the NAACP press conference in late April, Healy said she read the report for the first time. Drew Dawn's findings, she said, "obviously raised some concerns at several levels . . . it did describe allegations of sexism, racism, favorit-

ism, nepotism and sexual harassment. That's a pretty worrisome list of concerns and allegations. The problem is that they were not specific and for the most part did not appear—even to my reading—to be actionable in terms of having sworn affadivits with identifiable people [or people willing to come forward]. So here we had some serious concerns on the findings, but it was hard to get our hands around the findings."

Again the specter of anonymity haunted Healy's directorship. No institution—no human being—can deal with anonymous complaints," Healy said. "We would have a reign of terror if anonymous complaints led actions against people." As a result, she explained, OEO brought in another contractor to review the Drew Dawn report and to lay out a plan of action to determine how NIH could pursue further the allegations.

Just as the second report was getting under way, Healy recalled, she was told that some employees had since signed affadavits and come forward about one of the individuals mentioned in the report, a case of sexual harassment. The case subsequently has been investigated and "firm action will be taken on the case."

"So at least one of the incidents recorded in that report has been acted on," she continued "but most of the allegations apparently went without action. Obviously these things must be handled on a case-by-case basis within the Office of Equal Opportunity, Mrs. Armstrong's office. She has the mandate of authorities to deal with that."

Healy still felt, however, after listening to the concerns of the NAACP and BIG, that NIH could and should do more.

"We decided that we should form a task force to deal in a more general fashion—and not on on a case-by-case fashion—with something that has troubled me for a long time and that is the whole issue of harmony in the work force . . . harmony and diversity," she said, voicing the questions she and her senior staff had wrestled with even before the NAACP-BIG controversy.

"How can we create a culture of respect?" she wondered aloud. "How can we look at issues of advancement, issues of respectful treatment of employees? How do we deal with general issues of favoritism? Are we clear enough in articulating to managers what's expected of them in terms of fairness? Do we have clear enough guidelines on how you get promoted? Do we have clear enough opportunities and programs so that people can put themselves in a position to move into higher positions based on performance, based on additional training? Are we really affording people opportunity?"

The task force on fairness in employment practices is one way Healy hopes that her concern about this issue will survive even after she is gone, she said.

"One thing I've learned in all the places I've worked—but especially in the government—is that you institutionalize the things you want to do so that they're not being done just because you're there," she said. "Bring in the people who are committed to doing it, create the structures that require it be done and then they'll last beyond you."

The task force is one part of the structure; another part is OEO, which was elevated (even before the NAACP-BIG problems) from an NIH division to office status equal to, for example, the Office of Research on Women's Health. OEO head Armstrong is the first OEO director to be included in an NIH director's senior staff.

To carry out the charter of the task force, Healy plumbed that senior staff, her closest advisors, a multicultural, diversely trained cadre of veteran NIH'ers and newcomers. She spoke highly of the two who accepted her invitation to co-chair the task force: Sandy Chamblee, senior policy advisor and counsel to the NIH director, and Dr. John Diggs, former NIH deputy director for extramural research and now vice president for biomedical research at the Association of American Medical Colleges. Diggs will continue to co-chair the task force even though he left NIH in mid-June.

Healy explained the thinking behind such institutionalized structures and what she envisions for the task force: "Bill Clinton has said and I agree with him: We can't ever promise equal outcomes, but we have an obligation to offer equal opportunity. Part of opportunity is letting people know how they move up the ladder and how they can gain skills and how they can gain the training and experience that enables them to move up the ladder. There's a general concern that maybe people feel that those opportunities aren't there and if they aren't there then we have an obligation to create them. The task force is really looking at these broader issues in a very constructive, healing way, not looking at allegations of wrongdoing, but trying to present a plan for right-doing.

"I'm optimistic that if the community gives us a chance—the entire NIH community, not just women, not just minorities, not just majorities—but if the entire com-

munity looks at this as a good-faith effort to make NIH a better place for all of our thousands of employees, then something very good can come out of this."

But who will care once Healy has left? Will it still be a priority with NIH's top management?

"We're all of one mind on this," Healy said firmly. "We have a good, diverse perspective, see everybody, regardless of their background, as committed to this issue. Dr. [Jay] Moskowitz [NIH principal deputy director] and Mr. [John] Mahoney [HIH deputy director for management] feel passionately about it. I'm confident that the senior staff I worked with is senior staff that is committed to making this situation better."

Still, Healy said, as confident as she is in the task force she established and in the people she'll leave to handle it, she worries about the harmony issue and about what else she could have done.

"I wouldn't say that I feel that the job is done," she admitted, "I think there's a long way to go." "I would love to have been able to focus longer on this. These are not issues that we deal with overnight—these are fragile issues. I would like to have been able to see this one out a little longer. Some issues I feel pretty good about—they are launched, they are in great shape. This one I worry about a little bit . . . a lot. I think it needs more attention. I feel great about the people who'll be managing it. I'd like to feel a little more confident about what I myself was able to do. I worry that I didn't do a good enough job on it."

What does she want people to remember about her equal employment opportunity record while she was here? For a split second she was silent, thinking. Then, her voice became truly animated for the first time as she answered:

"That in my heart I really cared about these issues, that I tried very hard to do what I could to make a difference. Not just that I felt bad about it, but that I tried to make a difference."

In Healy's conference room, there are floor-to-ceiling shelves lining a couple of the walls. Framed citations and medals and awards, some in other languages or from other countries, vie for places on the other walls. A photo of Healy and Pinn together, each smiling behind what looks like a seat of power in some office or other, also occupies prominent space. Next to that photo, on the top shelf of a bookcase. are several government policy books among which lies a canvas-backed blue book on EEO procedure. Perhaps it hasn't been repeatedly paged through; the cover didn't appear to be dog-eared or well-thumbed. Indeed, Healy does not seem the type to be slave to a manual. The blue book's position did, however, seemed to represent where this director has placed minority issues during her administration. Top shelf. Out in the open.

Mr. HASTINGS. Thank you very much, Dr. Healy.

Before proceeding to questions, we will hear now from Mr. John Mahoney who is the Deputy Director for Management of the National Institutes of Health. Mr. Mahoney.

Mr. MAHONEY. Thank you, Mr. Chairman and subcommittee Members. I am John Mahoney, Deputy Director for Management at NIH.

Following the reading of the statement, we will be joined at the table by Dr. Ruth Kirchstein who is the acting Director of NIH, and who has dedicated a significant portion of her career to equal opportunity, both at NIH and the extramural programs that it supports.

As Dr. Healy noted, by its mission statement, Science in the pursuit of knowledge to improve human health, the agency has committed itself to a culture of inclusion. Through a portfolio of basic research, NIH seeks cures and treatments to alleviate human suffering from diseases that affect all humanity.

NIH, however, cannot meet the ideal of its mission if it is not affirmed through commitment for equal opportunity for its employees.

Mr. Chairman, former Director Dr. Healy has articulated the initiatives that were undertaken during her tenure forming the basis for NIH's commitment to equal opportunity, affirmative employ-

ment, and civil rights. With your permission, I will submit my statement for the record without repeating these items.

I would like to emphasize that in order to assure the existence of equal opportunity, Dr. Healy established a task force for Fairness in Employment Practices on May 12 to address the policies practices and procedures present at NIH to handle cases of race discrimination, nepotism, and favoritism.

Specifically, the task force will undertake the following six broad activities: (1) to assess how to ensure that persons filing informal or formal complaints of race discrimination are adequately protected from retaliation;

(2) review the Drew Dawn report and follow-up assessments in the Division of Acquisition Management to assess the adequacy of a basis for taking remedial action;

(3) assess the existence of nepotism and favoritism in employment practices at NIH;

(4) analyze and evaluate the policies, procedures, and systems in place at NIH to address allegations of race discrimination, including their adequacy and timeliness in resolving disputes;

(5) assess and monitor progress in integrating minorities into all levels of employment and management at NIH through placement, career development and promotion;

(6) assess the training needs of NIH managers, supervisors, and employees related to Equal Employment Opportunity issues and ensure that adequate training is available and given where appropriate.

Dr. Kirchstein, as the Director of the National Institute of General Medical Sciences was an active member of the task force, and I can say confidently that these directions and sense of commitment begun by Dr. Healy will be continued by Dr. Kirchstein in her role as acting Director of NIH. She is known as a strong supporter of equal opportunity practices generally.

The first formal meeting with the NIH institute directors was devoted to a presentation by Diane Armstrong and her staff in changes in the criteria used to evaluate managers. Now it is mandatory for each manager to have, as a critical employment element, evaluation of their adherence to EEO programs at NIH.

With that, Mr. Chairman, I will conclude my opening statement and will be pleased to answer any questions.

[The prepared statement of Mr. Mahoney follows:]

PREPARED STATEMENT OF MR. JOHN MAHONEY, DEPUTY DIRECTOR FOR MANAGEMENT, NATIONAL INSTITUTES OF HEALTH

Mr. Chairman and Subcommittee members, I am John Mahoney, Deputy Director for Management at the National Institutes of Health, and I am here today to testify about minority hiring and promotion practices within the National Institutes of Health.

When I complete my testimony today, Mr. Chairman, I hope your subcommittee will leave with a better understanding, not just of NIH and its personnel statistics, but of what NIH stands for. Further, I hope to provide a sense of NIH's ongoing effort to recruit and maintain a skilled, highly capable, and diverse work force, one which makes NIH the premier biomedical research institution in the world.

For NIH to fulfill the ideal of its mission: "science in the pursuit of knowledge to improve human health," the agency has committed itself to a culture of inclusion. Through the portfolio of basic research, NIH seeks cures and treatments to alleviate human suffering for diseases that affect all humanity, including those which devas-

tate minority populations. Like the basic research it supports, NIH strives for the inclusion of individuals from minority populations in its studies, including clinical trials. NIH research, treatments and cures must be accessible to all Americans. NIH, however, cannot meet the ideal of its mission, if it is not affirmed through scrupulous commitment to equal opportunity for its employees—those who are charged with conducting the research—and those who support them. It is to this end that a reaffirmation of NIH's commitment to equal opportunity, affirmative employment and civil rights has been made at all levels and in all programs.

In the most recent past, NIH minority hiring and promotion practices have been severely scrutinized and the subject of public criticism from several quarters. Problems in minority hiring and promotion, Mr. Chairman, did not develop overnight. But, I say with confidence today: the challenges are beginning to be met, and NIH's problems will be solved—as they should and must be—because it is the right thing to do.

NIH'S EMPLOYMENT PRACTICES AND PERSONNEL: COMMITMENT TO EQUAL OPPORTUNITY

A primary goal of NIH personnel system is to provide equal employment opportunity to all persons in hiring, placement, career development and promotion. This goal is interwoven into the NIH mission and requires a commitment to apply the principles and concepts of equal opportunity, affirmative employment and civil rights throughout all NIH programs. As the result of a new initiative, all NIH supervisors are required to ensure that EEO principles are fully and completely integrated into all agency activities. These include, but are not limited to:

- increasing opportunities for employment, training, and advancement of racial and ethnic minorities, women, persons with disabilities, and disabled veterans;
- expanding grant and contract opportunities for minority institutions and contract opportunities for small, women-owned, and disadvantaged businesses;
- increasing the participation of minorities, women, and persons with disabilities on scientific review and public advisory committees; and,
- ensuring that facilities are accessible and that reasonable accommodations are provided for persons with disabilities.

To ensure that the NIH environment better reflects the cultural diversity of the Nation's labor force, NIH has in place multi-year affirmative employment initiatives, regularly reviewed to determine progress in efforts to recruit and promote minorities, women, and persons with disabilities. I will discuss these in detail.

Task Force on Fairness in Employment Practices

To ensure the existence of equal opportunity for all NIH employees, former NIH Director Dr. Bernadine Healy established a Task Force on Fairness in Employment Practices on May 12 of this year to address, among other issues, the policies, practices, and procedures present at NIH to handle cases of race discrimination, nepotism, and favoritism. Specifically, the Task Force will undertake the following broad activities:

1) Assess how to ensure that persons filing informal or formal complaints of race discrimination are adequately protected from retaliation or reprisal.

2) Review the Drew Dawn Report and follow-up assessments of Acquisitions Management in the Office of Administration, Office of the Director, to assess the adequacy of a basis for taking remedial action.

3) Assess the existence of nepotism and favoritism in employment practices at NIH.

4) Analyze and evaluate the policies, procedures and systems in place at NIH to address allegations of race discrimination, including their adequacy and timeliness in resolving disputes.

5) Assess and monitor progress in integrating minorities into all levels of employment and management at NIH through placement, career development and promotion.

6) Assess the training needs of NIH managers, supervisors and employees related to equal employment opportunity issues and ensure that adequate training is available and given where appropriate.

As its first priority, the Task Force will consider innovative ways in which the NIH Office of Equal Opportunity (OEO) can more effectively monitor, and protect, as necessary, against reprisal and retaliation by temporarily reassigning either the offending party or the victim. The Task Force consists of a cross-section of employees at all grade levels. It will hold open sessions and provide other opportunities for employees to voice their concerns regarding reprisal and retaliation and other aspects of possible race discrimination at NIH.

The Task Force has had two meetings to date. Its focus thus far has been to address the first mandate. As an outgrowth of the Task Force's work, on June 28, Dr. Healy signed a memorandum to all employees setting out an NIH policy on the prevention of reprisal and retaliation. In that connection, the Task Force will conduct in early August an open forum to permit NIH employees to address issues of reprisal and retaliation.

Based on the results of its activities, the Task Force will make recommendations to NIH leadership on how to resolve the issues identified.

NIH'S WORK FORCE AND THE EXPANSION OF OPPORTUNITIES FOR MINORITY EMPLOYEES

This statement will present an overview of NIH minority work force, and the initiatives that are in effect or that are being implemented to improve the hiring and promotion practices for minorities and some significant accomplishments.

NIH total permanent work force has increased by 2,212 employees from fiscal years 1987–92. Minorities accounted for 808, or 37 percent, of these positions. Minority representation in the NIH work force in fiscal year 1992 remained consistent with fiscal year 1987 profile.

From fiscal year 1987–92, there have been significant increases in the number of Blacks and other minorities in senior level positions, which are defined as GS/GM 13 and above: Blacks increased by 110, from 114 to 224; Hispanics have more than doubled, from 24 to 50; Asians increased by 49, from 109 to 158; and Native Americans increased by 1, from 1 to 2. Minorities hold 12.8 percent of all senior level positions in the NIH work force.

In an effort to find out if problems in the work place are contributing to the turnover of minorities, women and employees with disabilities, the Office of Equal Opportunity established several initiatives in 1992 designed to (1) provide the OEO with information about the working environment that may be leading to complaints of discrimination, unfair treatment and inappropriate work force behavior; (2) hold supervisors and managers at all levels accountable for EEO activities; and (3) ensure that managers are well trained in EEO and diversity management. These initiatives include: an NIH Telephone HOTLINE, a mechanism to allow employees to report work place environment concerns; inclusion of an EEO critical performance element in all managers and supervisors performance standards; reviews of workplace behavior in each institute, center and division (ICD); exit interviews to collect information to analyze and propose actions to reduce the level of turnover of minorities; and the soon to be implemented broad-based training program relating to all elements of EEO.

In an effort to adjudicate complaints of discrimination in a more timely manner, NIH has added 30 additional EEO Counselors; restructured the OEO Complaints Management and Adjudication Branch to improve case management; filled two vacant EEO specialist positions; reassigned an EEO specialist to do full-time counseling; authorized a Blanket Purchase Agreement with contractors to conduct EEO counseling and write formal complaint summaries; used Department of Health and Human Services (DHHS) mediators to expedite complaint processing, and provided training and briefings on the new Equal Employment Opportunity Commission (EEOC) regulations on complaint processing, 29 CFR 1614.

Mr. Chairman, each and every employee has an absolute right to pursue correction of any situation which obstructs the goals of equal opportunity.

Multi-Year Initiatives

NIH has a number of initiatives to enhance the recruitment, retention and career development of minorities and women at all grade levels at NIH:

• Biomedical Science Career Orientation Program—This program is an outreach effort to raise the awareness and interest of minority high school students in biomedical research careers, through an 8 week paid internship in NIH laboratories.

• Management Cadre—This initiative is designed to train and qualify minorities and women at the GS–GM 12, 13, and 14 grade levels for future senior level vacancies through an 18 month training and career development program.

• Minority Recruitment Network—This network has been utilized by the OEO to distribute NIH vacancy announcements to 200 minority organizations. In fiscal year 1992, over 1,000 announcements and job opportunities were referred through the Network.

• Career Development Workshops—These workshops are designed to provide employees in grades GS 8 and below with an opportunity to enhance their career potential through classes relating to their professional development.

• Federal Equal Opportunity Recruitment Program (FEORP)—This Task Force-developed program is a uniform NIH-wide approach to targeted recruitment strate-

gies and increased representation of minorities and women at NIH. The Task Force provided standard policy and operating procedures on all aspects of FEORP, including length of advertising for vacancies in areas where minorities are underrepresented, areas of consideration for targeted recruitment, mandatory interviews for all highly qualified candidates, and review and approval by the ICD Director or designee before a formal job offer is made.

• Staff Fellows Review—In fiscal year 1990, a review of the NIH Staff Fellows Program was undertaken by the Office of Equal Opportunity using a private contractor, to explore concerns stemming from the low rate of conversions of minorities to permanent positions from the Staff Fellows Program. A task force was developed to address the findings in the Staff Fellows Review and was merged subsequently with a task force established to review the status of minorities and women in intramural research. The recommendations of this task force are expected to assist NIH in improving the representation and development of minorities and women in scientific occupations.

• Internal Audit and Reporting System—This initiative is being undertaken to develop a standard system to measure the progress of each NIH component in the implementation of their EEO program, including Affirmative Employment Program, FEORP and EEO complaints. The system also would provide information for use by senior managers in conjunction with performance reviews of the managers under their supervision. It includes an annual EEO Report Card Review of each ICD, assessing their progress in the overall representation of their work force, accessions, promotions, conversions and separations in FEORP-targeted positions, opportunities and EEO complaints. These reviews have been in effect since fiscal year 1990 and on site reviews of each entity's affirmative employment program began this year.

Affirmative Employment Program (AEP) Monitoring—NIH has initiated the inclusion and monitoring of the career development, summer programs, training programs and minority supplements in the annual AEP Plan for Minorities and Women to ascertain barriers to their inclusion in these programs and make recommendations on ways to eliminate the identified barriers.

NIH'S SUPPORT OF PROGRAMS TO EXPAND THE ACCESS OF MINORITIES TO RESEARCH CAREERS

Minorities are drastically underrepresented in careers in the biomedical sciences. This underrepresentation is a consequence of a small number of minority students entering the educational pipeline and staying in the educational pipeline to the Ph.D. degree in science. We lose students at every stage of the educational process—11.8 percent of high school sophomores expressing interest in science are minority; by the time these students are juniors in college, that percentage is down to 6.5 percent. Only 4.2 percent of students receiving masters degrees in science are minorities and only 3.5 percent of science Ph.D.s are awarded to minority students.

One of the primary missions of the NIH is to ensure that there are enough highly trained biomedical and behavioral scientists to meet the Nation's needs. That mission is complemented by the mandate of the Office of Research on Minority Health (ORMH) to coordinate overall NIH policies and programs for expanding the participation of minorities in biomedical research careers.

To assist in developing goals and objectives for the Office, ORMH appointed 53 distinguished scientists, scholars, and educators to a Fact Finding Team, which heard testimony from nearly 1,000 community representatives at three regional meetings. The Team's report, which was released in February 1992, recommended that ORMH support programs that would increase the recruitment and retention of minority science students at every stage of the educational pipeline. This report formed the basis of the ORMH program.

Memorandum of Understanding with the National Science Foundation

One result of the Fact Finding Team's efforts was the signing of a Memorandum of Understanding by the NIH and the National Science Foundation (NSF). This document represents a partnership that offers biomedical training programs to students from middle school level to the undergraduate level through existing and future centers established by three NSF-initiated programs. In fiscal year 1993, ORMH contributed some two million dollars to these programs to begin the design and implementation of biomedical research components in a number of sites. NIH support extends to:

• Comprehensive Regional Centers for Minorities is a pre-college intervention program offered through consortia of colleges, universities, school systems, businesses and community organizations. Each consortium is responsible for increasing the

number of minority students who complete high school with sufficient interest and preparation in the sciences and mathematics to pursue a college degree in that field;

• The Partnership for Minority Student Achievement Program supports education reform programs targeted at school systems with significant minority populations. School systems are expected to link with institutions of higher education and other educational organizations in the design and implementation of a combination of in-school student and teacher enhancement activities;

• The Alliance for Minority Students Participation Program focuses on academic enrichment and laboratory experiences for undergraduate students, particularly those in their freshman and sophomore years of college—the time when the dropout rate for minority students is highest. Alliances consist of a consortium of colleges, universities and junior colleges working jointly to offer expanded science education and training programs for minority students.

Other complementary NIH activities are coordinated by the Office of Science Policy and Technology Transfer (OSPTT) and its Office of Science Education Policy (OSEP), in the Office of the Director, NIH. OSEP serves as the focal point for all science education and training programs at NIH, the Federal Coordinating Council for Science, Engineering, and Technology Committee on Education and Human Resources, and the PHS Life Sciences Education and Science Literacy Board, and HHS through PHS. In addition, OSPTT plays a major role in the development, sponsorship, and evaluation of a number of exciting and innovative pilot programs including: the Science Education Partnership Awards, a grant program encouraging the development of creative partnerships between educators and researchers; the Biomedical Research Advancement Saturday Scholars program, a Saturday morning science education program for middle school students; and the Science Alliance, a special adopt-a-school program that partners elementary school science teachers with PHS scientists to enhance the teaching of the life sciences at the elementary school level. Each program focuses on including minorities and women.

I would be remiss if I did not mention that all NIH major components actively support science education efforts. Many of the programs that I will mention were developed by and are administered by the National Institute of General Medical Sciences (NICMS), the National Center for Research Resources (NCRR), the National Cancer Institute (NCI), the NIH Intramural Office of Education and the NIH Office of Extramural Research (OER). Working together and with the other NIH institutes and centers, a comprehensive life science education program for minorities have been developed.

The first step to increasing the number of minorities who complete training in the health fields is to increase the number who are adequately prepared to enter college with sufficient knowledge in science and mathematics. Over the past two decades, NIH has supported the development and implementation of a number of programs that not only prepare minority students for college but also encourage minority and female students to pursue careers in the life sciences.

Pre-College Programs

• The Minority High School Student Research Apprentice Program provides minority high school students with an opportunity for meaningful experience in various aspects of health-related research in order to stimulate their interest in careers in science. New program components include experiences for teachers and for college students seeking a career in teaching science.

• The Science Enrichment Program is a 6-week residential program for underrepresented minorities and underserved youth that is designed to encourage 10th graders to pursue professional research careers in the fields of science and/or mathematics.

• The NIH Academy for Summer Students and Teachers offers high school students an opportunity to learn about science from NIH scientists on the NIH campus. Students are chosen from groups of those traditionally underrepresented in biomedical and behavioral research.

Research Training and Fellowship Programs

• The Minority Access to Research Careers (MARC) Program awards research training grants and fellowships that help increase the number and capabilities of minority biomedical research scientists and strengthen science curricula and research opportunities at institutions with substantial minority enrollments.

• The NIH National Research Service Award Program trains pre- and post-doctoral students in all areas of biomedical research. A special initiative requires that each new or renewal application include a plan to recruit individuals from underrepresented minority groups.

• The Predoctoral Fellowship Awards for Minority Students provides NRSA Individual Fellowship support for minority graduate students from all institutions to pursue careers in biomedical research.

• The Minority Biomedical Research Support (MBRS) Program provides research grants to colleges, universities, health professional schools with substantial minority enrollments, and to tribally-controlled institutions on Indian reservations. These grants support research by faculty members, strengthen the institutions's biomedical research capabilities, and provide opportunities for students to work as part of a research team.

• The Bridges to the Future Program targets minority student populations in terminal M.S. degree programs to link them to Ph.D. programs and those in two-year junior or community colleges to link them to four year colleges. These have been identified as two key transition points for students considering research careers. Twelve awards were made in 1992. The RFAs were made 1992. The RFAs were announced again in the beginning of fiscal year 1993, and additional awards will be made this summer. Each project is funded for two years.

Research Supplements for Underrepresented Minorities

• Research Supplements for Minority High School Students support minority high school students who have expressed an interest in biomedical or behavioral research.

• Research Supplements for Minority Undergraduate Students support minority undergraduate students who have demonstrated an interest in biomedical or behavioral sciences and wish to continue on to graduate level training in these areas.

• Research Supplements for Minority Graduate Research Assistants provide support to assist minority pre-doctoral students who wish to develop research capabilities in the biomedical and behavioral sciences.

• Research Supplements for Minority Individuals in Postdoctoral Training provide support for minority individuals who wish to participate as postdoctoral researchers in ongoing research projects in preparation for independent careers in biomedical or behavioral research.

• Research Supplements for Minority Investigators provide short- and long-term opportunities for minority staff and faculty who wish to participate in ongoing research projects while further developing their own independent research potential.

Career Development Program

• The Minority Clinical Associate Physicians Program (MCAP) provides up to three years of support to minority physicians and dentists to promote career development as independent clinical investigators, under the direction of senior clinical scientists who act as sponsors.

• The NIH Extramural Associates Program sponsors individuals from minority institutions who come to NIH to learn first-hand about the NIH programs, peer review, and grant administration.

International Opportunities for Minority Students and Scientists

In collaboration with the Fogerty International Center (FIC), ORMH is implementing a program for international opportunities for minority students and scientists. Together, in 1992, FIC and ORMH sponsored a workshop to develop a mechanism for implementing such a program. FIC and ORMH jointly announced the availability of minority international research training grants in January. These grants will be available to undergraduate, graduate, and post-graduate minority students and faculty through their institution. Awards will be made this fall.

Research Related Grant Programs

The Research Centers in Minority Institutions Program (RCMI) provides grant support to predominantly minority institutions that offer the doctoral degree in the health sciences. RCMI funds are used to hire additional research faculty in the biomedical and behavioral sciences, support training in specialized analytical methods, upgrade facilities, and purchase advance scientific instrumentation.

Evaluation of NIH Minority Training

Beginning in June of 1992, ORMH collected data from each of NIH's institutes, centers and divisions to determine the level of support for the agency's minority training programs and the impact of these programs on the number of students and researchers in the training "pipeline."

RECENT CONGRESSIONAL INITIATIVES

In recent years, Congress has expressed interest in both NIH activities related to support for research training for minorities and women and in recruitment, retention, and advancement of minorities and women within the NIH work force. This interest has been demonstrated through Appropriations Committee recommendations that NIH increase its efforts in the training of minority researchers and the development of minority research institutions, and in a stated expectation that NIH develop a long range approach to increase employment of underrepresented minorities.

The NIH Revitalization Act of 1993, recently signed into law (P.L. 103–43), contains provisions that would permit NIH to provide scholarships to individuals from minority groups underrepresented in the fields of biomedical or behavioral research to pursue academic programs appropriate for professions needed by NIH and a loan repayment program for qualified clinical researchers from disadvantaged backgrounds. The Act also contains a requirement that NIH's National Research Service Awards (NRSAs) be carried out in a manner that will result in the recruitment of women and members from underrepresented minority groups into fields of biomedical research and research training.

Several other provisions of the Act will particularly enhance the recruitment of women and minorities at NIH:

• Section 1611 provides for the reauthorization, with certain amendments, of the existing AIDS loan repayment program for individuals who agree to serve as employees of the NIH.

• Section 1621 establishes a general loan repayment program for health professionals who agree to conduct research as employees of the NIH.

CONCLUSION

Mr. Chairman, in this statement, NIH has provided the Subcommittee with an accounting of NIH's EEO activities. There can be no question about the need for NIH to further improve its minority hiring and promotion efforts. It must. Applying lessons learned in acknowledging past problems will enable NIH to fashion a solution which will serve as an example for every agency of the federal government. Mr. Chairman, NIH is dedicated to attracting and retaining a work force of exemplary professional quality, while rich in cultural, ethnic and gender diversity. To that end, Mr. Chairman, NIH is not merely prepared to act; it has gotten on with the business of making it happen. Thank you for having me here today.

Mr. HASTINGS. I certainly thank both of you.

At this time we will hear from the distinguished Chairman, Mr. Clay.

Mr. CLAY. Thank you, Mr. Chairman. And let me thank you and the other Members of the subcommittee for undertaking this important mission.

The problem of racial discrimination, or the perception of racial discrimination, seems to be a very pervasive problem crossing all lines of government. Right now the full committee is in the process of major investigations in this same area, exploring charges and allegations of racial discrimination at the Post Office and the Library of Congress. It seems to be consuming an inordinate amount of our time.

And I am just wondering, Dr. Healy or Mr. Mahoney, about this perception or the actual fact. I was one of the early supporters of Blacks in Government. I continue to be a supporter of that organization. I believe that one of my constituents, Norman Seay, helped to found BIG. He was probably one of the first presidents of this group. BIG has a reputation of being comprised of responsible and dedicated Government workers. They are not known to be spear throwers or advocates to overthrow our Government.

In light of that reputation, I would like to know from you why you believe spokespersons from BIG including its president, Vincent Thomas, would make a statement that the discrimination

against blacks at NIH is pervasive, the environment at NIH is hostile and retaliatory, and blacks are not accorded the same opportunities as non-blacks at NIH.

Would either of you or both of you care to comment why responsible people would have that perception?

Dr. HEALY. I can only say that Mr. Thomas and I have had many conversations, and I have had conversations with Dr. Moon who was the chairman before Vincent Thomas; and, indeed, those concerns that they expressed are why we contracted out to have the Drew Dawn report.

And what was most disturbing to me about the Drew Dawn report was that there were 50 employees from the Division of Acquisition Management, 50 employees most of whom—who are African-American but not all of whom were—stated that they believed that there was discrimination based on race. There were not specific allegations for which we could take action but there was at least the perception that the black community was disadvantaged. This is very, very troubling.

There were also concerns about nepotism and favoritism in hiring practices. As I said at the time, and as I still believe, where there is smoke, there often is fire. We have an obligation to pursue this in an aggressive way and find out what the basis for it is. But we live in a system of justice, and we cannot have a reign of terror in which anonymous complaints lead to action. We have to follow the procedures, the equal opportunity procedures, that we do have in place. But everybody in the NIH community, black and white, man and women, has to be extremely troubled as to what came forth in the Drew Dawn report. Even if 10 percent of that perception a reality, that is too much.

Mr. CLAY. In your statement, you referred to minority health initiatives. What size budget do you have for awarding contracts to colleges and universities in terms of research?

Dr. HEALY. About 80 percent of the NIH budget is spent outside of NIH.

Mr. CLAY. So we are talking, in terms of dollars, how much?

Dr. HEALY. Between $7 and $8 billion.

Mr. CLAY. Do you know how much of that was spent with historically black colleges?

Dr. HEALY. Historically black universities have special programs, in addition to the ability to compete through the regular programs. Mr. Mahoney will be able to give you the specific dollars.

Mr. MAHONEY. We will have to submit those for the record. I don't have them with me.

Mr. CLAY. Do you know if it is in excess of 5 percent?

Dr. HEALY. I don't know. I suspect it is.

Mr. MAHONEY. Probably in that range.

Mr. CLAY. Is it in excess of 1 percent?

Dr. HEALY. Yes.

Mr. CLAY. Somewhere between 1 and 5? I would appreciate it if you would submit it for the record.

Thank you, Mr. Chairman.

[The information referred to follows:]

FY 94 estimated dollar amount for Historically Black Colleges and Universities, from NIH, is $77.7 million.

Mr. HASTINGS. Mrs. Morella.

Mrs. MORELLA. Thank you.

Dr. Healy, I have been very much involved with sexual harassment. I have met with and we have had some of the NIH people testify before a committee hearing that we had on a bill I proposed for women in math and science and upward mobility. And I was at your work force climate meeting that you had that seemed to be very successful.

I am curious about when you became aware of the problems of discriminatory practices at NIH? How was it called to your attention?

Dr. HEALY. The night before I started in my job 2 years ago, I got an anonymous letter from a group of women on the NIH campus who told me that I would never be able to succeed at NIH as a woman because the environment was hostile to women. It was signed anonymously "A group of concerned women on the NIH campus." It was a heartfelt letter and one that deeply disturbed me and increased my personal resolve to try focus on these issues with regard to women and with regard to minorities during my entire tenure at NIH.

I must tell you that there were some disturbing cases having to do with NIH that have gotten a lot of attention. They were cases that occurred back in the 1980's. One of the most publicized cases was not even an NIH case. It was an NIMH case. The cases that occurred while I was at NIH, we acted aggressively on, we separated employees who were found to be guilty of sexual harassment.

In some cases, Mrs. Armstrong and I didn't feel that the action taken against certain employees was not strong enough, and we had to live with it because of a peculiar bureaucratic system that we live under. But Mrs. Armstrong and I have worked relentlessly on issues of sexual harassment. We have had mandatory sexual harassment seminars. We have sent out numerous memos from myself and Mrs. Armstrong on this issue. We will not tolerate it.

We are—we are, of course, disturbed that there were cases that occurred 7 to 10 years ago and that they were outside of NIH. They were not in our jurisdiction. They were in the hands of the Justice Department. Our heart goes out to those cases. But since they involve specific allegations against specific individuals and they were within the judicial process, it was decided that we would focus on the cases that were current and coming before us and act on those aggressively.

Mrs. MORELLA. Was it the Drew Dawn report or the Montgomery County NAACP that made you now set up this task force on Fairness in Employment Practices?

I mean, with what had been done—in your testimony what you have said, now you seem to believe that because of the statistics that have come out that there is a need to do even more. I want you to explain why we have this task force all of a sudden.

Dr. HEALY. It is not all of a sudden. If you look at my testimony, we have been working at numerous levels. What this task force was formed to do was to address what has never been brought to my attention before, the complaints of favoritism, nepotism that had never come forward before.

Nepotism is something that I had never heard brought forward, and that is an easy thing to check, whether or not our guidelines were well enough understood.

I was shocked at a staff meeting a few months ago when I said, what is this about nepotism at NIH? And somebody in the room said everybody knows its goes on here. I wasn't one of the everybodys.

The second issue that was in the Drew Dawn report that somewhat troubled me, and I had no idea it was this expansive, was this fear of retaliation. Because Mrs. Armstrong has vigorously imposed a policy that someone who brings forth a complaint is protected. We often take the complainant out of the specific workplace environment and put them in another position, always at the same level or higher. We separate them from the person they are bringing the complaint against.

What the Drew Dawn report appeared to convey was a widespread fear of retaliation. We will not tolerate retaliation, and we do strive to protect our employees. But if that perception is out there, we have got to do more. The task force is to look at the specific issues. Favoritism, nepotism, and an environment, reality or perception, of sexism.

Now this task force has a specific charge—I think the charge has been presented to the committee. And I hope it will be an additional element, but by no means the only element. The answer lies at two levels. One, by having an elevated, stronger Office of Equal Opportunity, having Mrs. Armstrong have much more clout in the NIH bureaucracy than we have been able to get for her to date: getting her an SES position, having her answer to the head of NIH, having her have control over the EEO operations within each of the institutes, which she does not have to date. She can put in all the policies in the world that she wants; but if she doesn't have greater control over the EEO offices in the institutes, you are not going to be able to impose uniform guidelines across NIH with confidence.

Most of the hiring is done not within the Office of the Director but within each of the institutes. So I hope with the findings of the Drew Dawn report—which I stress again NIH called for—that was precipitated in response to concerns raised by BIG. We got an outside contractor to do it so we would have an independent evaluation, and in response to additional issues which Drew Dawn brought up, we have embarked on this task force. But this task force will augment what Mrs. Armstrong has been doing. It is not meant to supplant it, and it is not a certain response. This is a pattern of trying to address these very complicated issues.

The second issue, besides our specific actions in the EEO, was this cultural phenomenon. We really have to do something about changing the cultural environment at NIH, create a culture of respect, of fairness; and that takes a while. You have to work relentlessly on it. Every employee, every manager, has to have front and foremost in their mind that there be an environment in which there is fairness in personnel practices, fairness for whites as well as for blacks, for men as well as for women, fairness based on religion and political affiliation: these are the heart of our civil service

system. And I believe there are times when that has not been honored.

Mrs. MORELLA. I know you have a strong commitment to that, and I guess from what has been said, some new concepts, perceptions, and realities had come to the fore; and, therefore, to add this extra instrument of the task force will really help. We all care—and I know Dr. Mahoney articulated what the task force is doing. We all care about the continuation of this. And I know personally Dr. Ruth Kirchstein is fantastic and had a great commitment on the Office of Women's Health. She is acting Director. There will be a new Director.

Do we have the mechanism to guarantee—and I know Mrs. Armstrong will work on it—to guarantee that this will be done in terms of remedying the problems of nepotism, lack of upward mobility for blacks and others staying in certain status levels for too long?

Dr. HEALY. I don't think you go backwards. I think we have momentum at NIH. We have positive feeling for creating change. I think the only way you can change a culture is to diagnose what you don't like about it and put in place not just specific offices and specific policies and procedures, but have people talking about it and have people being listened to. And I think that has occurred.

I am absolutely confident that the top level leadership at NIH is committed to this, that it is institutionalized sufficiently within Mrs. Armstrong's office.

I also believe that oversight hearings like this are extremely positive. I think their spirit is one to bring these things out into the open and to get a public commitment from all of us, present and former NIH employees, that we will change this culture.

But I ask you to consider some of the problems that we have in dealing with these issues and dealing with them effectively. And there have been several that I will be glad to go into later.

Mr. CLAY. Mr. Wynn.

Mr. WYNN. Thank you, Mr. Chairman.

I would like to begin by publicly thanking the Chairman, Mr. Clay, for calling this hearing. I know he has a very busy schedule, as he has indicated; and he was very responsive to the requests that we made to convene this hearing.

And I want to publicly thank you for that. I appreciate it.

Dr. Healy, I want to thank you for appearing. I understand that you are now a private citizen and not in the official capacity; so your presence here is helpful. I have several questions. The first has to do with the question of sanctions of employees, but I think a signal has to go out.

You indicated in your testimony that one employee was removed as a result of Drew Dawn. Have any other employees been sanctioned as a result of your conversations with BIG, your task force, Drew Dawn, or any other mechanism that you described?

You said you had the benefit of a lot of input on this subject over your tenure. But we only see one employee that appears to have been disciplined. Have there been any other disciplinary actions taken against management or supervisory personnel as a result of the allegations that you received over the years?

Dr. HEALY. Certainly. The one person that I mentioned was mentioned in Drew Dawn. The only reason that we were able to take

action was that a separate action was filed. The Drew Dawn was anonymous. There are numbers instead of names. And we are unable, at least at the present time—I have never seen any codes for those numbers—to take action.

What the Drew Dawn does, it is the smoke that makes us worry that there is a fire. Mrs. Armstrong is now working with another contractor to try and see if we can piece together anything there that will lead to a sworn affidavit so that actions can be taken.

Now we have taken action against many employees over the past several years for sexual harassment. And the specific numbers, Mrs. Armstrong can give you. But at least on two or three occasions individuals were separated from their position. And on at least one occasion, Mrs. Armstrong and I disagreed strongly with a legal settlement. We thought the sanction was too lenient for the magnitude of the problems; but we were not the deciding officials. This is in the hands of the lawyers which are not NIH lawyers. They are lawyers downtown at HHS.

Recently there was a discrimination case which we felt should have been settled, but there were disagreement among our lawyers. And as a result, they actually took precedent in terms of being the deciding official. There are incredible ambiguities in the way that NIH sits in the legal office that makes it difficult for us to take the action that we think is appropriate.

Mr. WYNN. Were there any disciplinary actions taken for racial discrimination?

Dr. HEALY. There have been none for racial discrimination. What we have done though, if I might comment on, is that in the past NIH has not been aggressive about settling complaints. Often, once they go into the formal stage and the grievance stage, they get taken out of our hands; they are in the hands of lawyers who are outside of the NIH.

What Mrs. Armstrong has initiated over the past 2 years is an aggressive program of settling informal and formal complaints. The numbers are impressive. About 80 percent of the informal complaints get settled to the satisfaction of all parties; and those settlements are no-fault settlements.

But, nevertheless, they do acknowledge that there is a problem that has to be adjudicated. And Mrs. Armstrong might want to talk a little more about that.

Mr. WYNN. I want to go to the confidentiality issue with Drew Dawn. It was my understanding that this was part of the contract, that the investigation would be conducted in an anonymous fashion.

If that is in fact the case, was there any attempt made to go behind Drew Dawn to solicit these individuals for further investigation?

Dr. HEALY. That attempt is under way now. The Drew Dawn report really stemmed out of conversations that Mrs. Armstrong and I had with Dr. Moon who was the head of BIG.

Obviously, as NIH Director or head of EEO, specific complaints don't start with us. If we get complaints, we immediately send them down to the appropriate investigative unit that pursues them, the EEO counselor office.

But there was a concern raised by Dr. Moon that there was a widespread problem in this one particular division of the Office of the Director. It was decided to bring in an outside independent contractor who would look at the general environment to see if, in fact, there was evidence that there were problems.

What appeared to be the case is that many employees did not want to speak unless they could speak anonymously. So we see the Drew Dawn report, which I got to see after the first of the year, as a statement that there is a problem. If you actually look at the Drew Dawn report, though, the comments about racial discrimination are general. It is sort of a sampling of 50 individuals asking them whether or not they felt there was an attitude of favoritism, racial discrimination, within acquisitions. It wasn't a statement of specific allegations. In other words: This employer discriminated against me in this specific promotion. It was the general description of an atmosphere within that office.

The specifics in the Drew Dawn had to do with sexual harassment, and there were specific supervisors that were named anonymously in a code way, and specific people were named. And that "Ole Boy"/"Young Girls" network that was described in Drew Dawn did relate to specific allegations.

Now action was taken in one case where we have a parallel signed affidavit; someone coming forward and lodging a complaint that did lead to the removal of a supervisor from their position. But other specific allegations having to do with sexual harassment in particular are being pursued by Mrs. Armstrong to try and find out if we can get concrete information, concrete allegations that can be pursued.

Mr. WYNN. In 1986, the GAO study indicated that there was a problem with the lengthy delays in the processing of EEO complaints. That problem appears to have continued up to the present time.

What was done to address that specific concern about the delay in the handling of the EEO complaint?

Dr. HEALY. Well, it is my understanding that we have speeded up the handling of those complaints. We have been more aggressive about settling complaints at the informal stage and at the formal stage while we still have control of them within NIH.

We have vastly enlarged the Office of Equal Opportunity under Mrs. Armstrong, hired 30 counselors.

We have more aggressively used outside contractors in order to deal with complaints. We have had more complaints. And part of this I consider as possibly good, because it means that people are less concerned about retaliation and are willing to come forward with their complaints and are willing to come before EEO. And I suspect that those number of complaints will increase before they decrease if, in fact, there is some ground swell of concern out there that there are legitimate grievances that are not coming forward because of fear of retaliation.

So what we are doing now is pursuing the issue of retaliation and making sure that we can stamp that out. But I would like to ask Mrs. Armstrong to comment on the length of time of dealing with these complaints.

Ms. ARMSTRONG. Last year we did experience a backlog in the processing of complaints because we had a ground swell of complaints that were filed; and at the same time, we lost two staff members.

We put into place a system to try to get us out of that slump by assigning cases to all of the trained people on my staff to handle complaints. We also assigned cases to the EEO officers. We also let a contract with four firms so that they would be able to conduct counseling for us to get us out of that backlog.

But on our watch, in terms of the time it takes to process complaints, because of that watch is when the complaints are filed with the department at the formal stage; and that means that the NIH employees file their complaints with the Department of Health and Human Services and those complaints are acknowledged and investigated by that entity.

We normally view—from the time a complaint is filed it normally takes anywhere from 3 to 4 months before the complaint is under investigation. So that all has to be factored in in terms of our time requirement.

Mr. HASTINGS. The time of the gentleman has expired.

Ms. Holmes-Norton.

Ms. NORTON. Thank you, Mr. Chairman.

Dr. Healy, I note the remedies you have put in place, but I have a different concern. We have had testimony from two agencies where one would least expect to find widespread discrimination, sexual harassment, and offenses of this kind: The Library of Congress and NIH. I don't know where I expect to find it among the agencies. I know where I would not expect to find it, and NIH is among the agencies I would not expect to find it.

Now what scandalizes me is the notion that this perception should be so widespread, and not here and there. As a professional in this field, I know that people can raise EEO complaints about almost everything. But as you said you see smoke everywhere and you begin to wonder, is there something in the culture that has made this happen here? After all, it doesn't happen in every agency. Most agencies have a backlog of discrimination complaints, but you do not have what we have seen at the Library of Congress and at NIH, which appears to be discrimination that has worked its way into the way in which people do business at the agencies.

So, I am, frankly, interested in getting beyond remedies to causes. Because this is the second time this session the Chairman and I have sat at a hearing involving a premiere institution of the Federal Government engaged in alleged activities that are shocking—shocking. And I would like—I recognize you are one kind of scientist, and as a doctor, you are not a social scientist. But I am sure you can bring some of the skills from your own discipline to an analysis of how in the world we got this way because I think this committee would like to prevent, rather than hear about, this kind of situation in this depth and widespread in this variety as we now find it.

So, I am interested in what you have to say about how in the world it got to be this way; what you think are the causes of it; why you think it became apparently pervasive and touched vital parts throughout the institution.

Dr. HEALY. First the Drew Dawn report, which I found particularly stunning because—and shocking—because what it did was describe the feelings of 50 employees. But it did not describe concrete examples, so I think we have to be careful about whether there were, in fact, concrete examples of discrimination.

But even worse, it was the feeling that there was discrimination. And that gets back to the issue of culture, what is it about the culture out there that suggests something so widespread. And when you look at 19,000 people who are employed by NIH, the number actually coming forward with specific complaints, is small compared to 19,000 individuals who are employed. We have 60 percent women and about 23 percent blacks, and about 30 percent minorities. If you look at that breakdown—why, if the discrimination is so widespread, why aren't we getting more complaints?

I think there is a cultural perception that there is a problem at NIH with regard to both women and minorities. I can't tell you about causality. I am concerned that there are attitudes that need to change. As to those attitudes, I honestly don't have the answer. I have obviously worried about it and thought about it. We have to put remedies in place. We have no other choice to try to do what we can do in a proactive sense.

But the cultural phenomenon is a harder issue. We had a town meeting, and the meeting was about celebrating the diversity of our work force and celebrating the fact that we have a multicultural, multiracial work force and what that means in terms of ennobling our work force. That was one of our attempts to sensitize the broader NIH culture.

A lot of things may not be actionable, but they can leave a perception. They may not be illegal, but they leave an impression that there is a problem with fairness and attitude.

But I don't have the answer or the diagnosis that you are looking for. I wish I could provide it. But I wonder if there is something in the sort of macho culture of science. Science is extremely competitive and macho. Is that it? Is it that we have a fairly rigid, paramilitary structure at NIH? The top leadership is tenured for life. There is not that much turnover. So there is not that much opportunity for upward mobility in the system for women and minorities.

I was the only employee at NIH out of 19,000 people who could be turned over. There is not a lot of mobility in the choice top leadership positions. Does that rigidity give the impression that people have a difficult time moving up into those positions? In the Division of Acquisition, 60 percent of the employees are minorities. It is not a problem of numbers. It is a feeling that they are not able to move up to the top. They don't have the opportunity to move up.

And these are issues we have to look at. We have to study and come up with action. I don't think it is enough to say this is the diagnosis because I don't have the scientific basis for doing it. But I am as concerned as you are about it.

Ms. NORTON. The tenure analogies you raise are themselves interesting. That would make NIH different in some respects even from the ordinary civil service.

My concern about the culture is that I know the limitations of equal employment remedies. Even when systemic, they do not nec-

essarily change the culture. They get a remedy for a class or a person who has been injured. Then, if the culture continues to manufacture the sexism and racism, you are going around in circles.

Of course, you are not there anymore, but as NIH goes at these issues, I hope that it would bear in mind that something far more pervasive than the normal equal employment opportunity problem is at work. For example, I would like to know, in light of this concern to get beneath the surface, to get beneath the allegations, the extent to which employee organizations, minority employees, female employees, have been consulted or directly involved in the development of remedies and in their implementation.

Dr. HEALY. One thing that we did, we formed a task force on women at NIH to see if they could deal with some of the concerns that women have in on the NIH campus, particularly women in the scientific community, that the opportunities are not there for them to advance.

Here, again, the turnover at the top in the laboratory structure at NIH, the section chiefs, branch chiefs, institute directors, division directors, scientific directors, there is not much turnover there and that tends to be a predominantly white male group.

When I came to NIH, there was not one minority who was an institute director. We now have one institute director, Dr. Olden who is an African-American man. There are very few women represented in the top leadership of NIH——

Ms. NORTON. Dr. Healy, I want to know about the involvement of women and people of color in the actual process of devising remedies and change at NIH.

Dr. HEALY. Yes. What I was telling you was that the task force, which was rank and file women scientists, is one example. Headed by Dr. Kleinman and they have come up with a list of recommendations of the task force which was just released. I have not seen it. I urge to you look at it. This is the rank and file scientists working on this.

The task force that Ms. Chamblee and Dr. Diggs is heading is rank and file across the board of NIH across all grade levels. My former secretary, who is an African-American woman, is serving on it. It cuts right across the work force.

And BIG has been very helpful in terms of participating. We have an Hispanic group that is very active. We have a number of groups of employees that are participating in an active way in, hopefully, helping to come up with both diagnoses as well as solutions.

Ms. NORTON. Are there unions at NIH?

Dr. HEALY. Yes. We have—for wage grade, we have unions.

Ms. NORTON. And they have been involved as well?

Dr. HEALY. In BIG, there are union members there.

Mr. MAHONEY. I don't believe there is any member of a union on the task force.

Dr. HEALY. Not on the task force?

Ms. NORTON. No representation? If I could add, no representation from any of the unions is on the task force, or the allegations don't involve them?

Were they asked to be on the task force? How come there would be nobody from the unions on the task force?

Ms. CHAMBLEE. I believe there is a wage grade employee on the task force.

Ms. NORTON. I am asking about a representative of the union who would, in turn, represent other people.

Mr. Chairman, if I may say—look, normally employee involvement helps. Even though it is untidy, it helps with any problem. When the problem goes this deep, I don't think you are going to get anywhere without broad scale employee involvement, including union involvement.

Mr. HASTINGS. Thank the gentlewoman.

Let me briefly ask a couple of questions before the next panel.

Dr. Healy, I heard you loud and clear with reference to the anonymity circumstances of the Drew Dawn report. I also heard you say that you were not mindful that nepotism was existent within the realm, and yet everyone else knew about it. It may very well be that there are other things that you are not aware of such as racism. The anonymity of the report doesn't bother me. I have a standard, as I conduct these hearings, as to how many people attend these hearings and nod their heads, something is wrong. It is that simple.

I would like to—since Mrs. Armstrong was asked to comment—to ask you pointedly, Mrs. Armstrong, is there or is there not discrimination at the National Institutes of Health, period?

Ms. ARMSTRONG. The National Institutes of Health has problems in terms of discrimination as—I might add, as do the other two Federal agencies I have worked for. Yes.

Mr. HASTINGS. Mr. Mahoney, how many persons of color report directly to you; and what are their titles?

Mr. MAHONEY. Currently, Dr. Leamon Lee, who is the Director of the Division of Financial Management; although Dr. Lee, as a result of the great concerns in Acquisitions Management, has been temporarily assigned to head Acquisitions Management.

We have, at the same time, promoted, temporarily, Ms. Francine Little as the acting Director of Financial Management.

Mr. HASTINGS. Two?

Mr. MAHONEY. Yes. They are both black.

Mr. HASTINGS. Have you had an opportunity to examine the 1986 GAO report on NIH affirmative action?

Mr. MAHONEY. Yes, I have.

Mr. HASTINGS. In light of the fact you did, what GAO recommendations, if any, did NIH implement that you know of?

Mr. MAHONEY. Mr. Chairman, I can't speak specifically about the recommendations with regard to improving the affirmative action program.

I do think, though, from my knowledge in working very closely with Mrs. Armstrong that the affirmative action program has improved. And, to my knowledge, it is now in compliance with EEOC regulations. The major criticism of the past report was that NIH was not in compliance.

Mr. HASTINGS. I will leave it at that. But I would urge that you hear our second panel in light of the fact that I am certain that

they are likely to present more specifics and/or concrete examples that may very well shed some additional light.

With that, we thank all of you so very much this morning.

STATEMENTS OF VINCENT A. THOMAS, JR., PRESIDENT, BLACKS IN GOVERNMENT, NIH CHAPTER; W. GREGORY WIMS, PRESIDENT, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, MONTGOMERY COUNTY CHAPTER; AND JOSEPH M. SELLERS, WASHINGTON LAWYERS COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS

Mr. HASTINGS. We invite Mr. Vincent Thomas, W. Gregory Wims, and Joseph Sellers, if they would come forward at this time.

Gentlemen, I thank you very much, and we are delighted that you are here this morning. In the interest of time and in light of the fact that we do have a third panel, I recognize that your written statements will be accepted for the record, and if you could abbreviate as much as you can your oral remarks, and I invite the panel to be as specific and pointed as they can in their questioning so that we can get to the third panel for at least a limited period of time.

Who wishes to begin?

You, Mr. Wims?

Mr. WIMS. I would like to have the President of BIG go first.

Mr. THOMAS. Good morning, Mr. Chairman, and members of the subcommittee. I am Vincent Thomas, president of the NIH Chapter of Blacks in Government.

Thank you for this opportunity to discuss the problem of overt and covert racial discrimination that denies blacks at NIH equal opportunity in all aspects of personnel policies, procedures, and practices.

At a later date, I will direct attention to racial discrimination as it relates to a nonexistent health initiative for blacks in the United States and the lack of funding for research at historical black colleges in universities.

By the way, the funding site is less than .01 percent funds that go to historical black colleges and universities for the record. Less than .01 percent.

Mr. Chairman, at NIH, racial discrimination against blacks is pervasive. The environment is hostile and retaliatory, and blacks are not accorded the same opportunities as non-blacks. During the next panel you will hear firsthand from black employees about racial discrimination, hostile work environment, and its adverse effects on these employees.

As background, the NIH chapter of Blacks in Government has been very active in identifying and providing recommendations to the senior top NIH management and fighting this sickness that we find at NIH.

On October 20, 1990, the Office of Acquisition Management Employees met with Blacks in Government to say they were tired of being mistreated. BIG then met with the director of equal opportunity. We recommended that an investigation be done. That led to the famous Drew Dawn report, the problems that we have identified some 10 years ago remains the same today.

Work force profile: blacks represent the largest minority group at NIH, 22 percent, and exceed their civilian labor force and national population statistics. However, a true analysis will show the following: There is an unequal distribution of blacks within the professional, administrative, technical, blue collar, and other occupational categories. This phenomenon is directly related to the fact that blacks occupy the lowest grade levels.

The statistics show that the higher the grade level, the lower the representations in each occupational series.

This unequal distribution of blacks within all occupations represents results in the egregious disparity in wages between blacks and other EEO groups.

Discriminatory practices, in effect, at NIH: Not one manager or supervisor in the history of NIH has been appropriately disciplined for racial discrimination. Blacks are not recruited, hired, or selected or promoted for positions for which they qualify. For an example, the Federal Equal Opportunity Recruitment Program, known as FEORP, is designed to eliminate the conspicuous absence or manifest imbalance of minorities in the work force.

However, whites are consistently hired for 80 percent of all FEORP targeted positions at NIH. Management officials are not held accountable. Blacks are held in grade longer than whites than any other group prior to promotion.

Comparable educational experience appear not to be significant in this process.

Management continues to rely on the "Good Ole Boy" network, peer referrals, and word-of-mouth recruitment to hire scientists for the intramural research positions. Blacks continue to be separated at a greater percentage than their representation in the NIH work force. The total population of blacks has decreased by 2 percent from fiscal year 1991 to fiscal year 1992. No other EEO group has experienced the separation rate as high as blacks.

Multi-year initiatives: Mr. Chairman, my testimony, which has been submitted for the record, provides BIG comments on each initiative. However, as a general comment, many of these programs are only paper initiatives in various stages of development since 1990. BIG believes that these initiatives, when completed and implemented, may have some success in addressing the employment concerns of black employees. Before I highlight our recommendations, I would like to take a minute to review the NIH EEO complaints program.

Justice delayed is justice denied. In 1991, the average processing time for complaints was 445 days. The average processing time for informal complaints was 92 days. In 1992, formal complaints took 452 days; informal complaints took 110 days. The average time for resolving these complaints are increasing instead of decreasing. This is entirely too long and unacceptable. This allows management to retaliate against employees who file EEO complaints by harassing, disciplining, and removing them.

The majority of the complaints, the employee complaints, are those suffering from discriminatory practices. More than 50 percent of all formal and informal complaints are filed by black employees.

Recommendations: BIG recommends that Congress directs NIH to implement the following: Discipline those managers or supervisors that have discriminated or used inappropriate work force behavior; reorganize the Office of Equal Opportunity so that it can be more responsive and more effective in addressing the needs of employees; strengthen the FEORP program to hold all managers and supervisors accountable for their FEORP direction decisions and that all selections should be monitored and approved or disapproved by the Office of Equal Opportunity; strengthen the EEO critical element to hold managers accountable for their personal decisions affecting black employees and other employees—the standards as written are not measurable; establish an EEO performance review board—this NIH committee would review the EEO accomplishments of each manager and supervise offer to see if accomplishments merit the proposed rating; conduct NIH review of all personnel practices and procedures; fund and staff the African-American Recruitment Network; develop an action plan to implement these recommendations; and provide a quarterly report to Congress on these accomplishments beginning the first quarter of fiscal year 1994; and, lastly, within the first 2 weeks of the new NIH director being appointed, direct him to meet with Blacks in Government and NAACP to discuss these issues so that there will be a continued forward movement to resolve these long-standing problems.

Thank you for allowing me this time to provide testimony to this committee.

I would like to now introduce Ms. Gladys Whitted first, vice president of Blacks in Government. Ms. Whitted has been in Federal service for 27 years, 17 of which at NIH. And when we come to the question period, we will be available to answer your questions.

[The prepared statement of Mr. Thomas follows:]

PREPARED STATEMENT OF VINCENT A. THOMAS, JR., PRESIDENT, NIH CHAPTER, BIG

Good morning, Chairman Clay, and members of the Committee. Thank you for inviting me here today to discuss the problem of overt and covert, racial discrimination that denies Blacks at NIH equal opportunity in all aspects of personnel policies, procedures and practices.

I am Vincent A. Thomas, Jr., President of the NIH Chapter of Blacks In Government. I have been employed by the Federal government for 25 years, 18 years of which have been spent at NIH. I have served as an Equal Opportunity Manager, have been trained by the Defense Equal Opportunity Management Institute and I hold the rank of Lieutenant Colonel in the United States Army Reserve Program.

Blacks In Government is committed to being an advocate for equal opportunity for Blacks. Among the objectives of the NIH Chapter of BIG are the elimination of the practices of racism against Blacks and the promotion of the general welfare for Blacks at NIH.

For more than 10 years the NIH Chapter of Blacks in Government has been very active in attempting to work with top echelon management officials including the various NIH Directors to eliminate racial discrimination against Blacks and to promote a hostile free and professional work environment for Blacks. We have had some minor successes in this endeavor——

1. We were successful in getting the position of Black Employment Program Manager established and filled.

2. We served as a catalyst for the establishment of the position of Associate Director for Minority Programs (the title has now been changed to Associate Director for Minority Health).

3. NIH tenured its first two African American scientists as a result of a Government Accounting Office (GAO) study on racial discrimination against Blacks

that was conducted at NIH at the direction of Congress. BIG requested Congress to conduct this study.

In spite of these positive changes, the problems of racism still remain. Discrimination against Blacks is pervasive. The environment is hostile and retaliatory and Blacks are not accorded the same opportunities as non-Blacks. The issues that I will present today will address personnel practices at NIH. At a later date, we will direct attention to racial discrimination as it relates to a nonexistent Health Initiative for Blacks and the lack of funding for research at the Historically Black Colleges and Universities.

I will give the committee a brief analysis of the NIH work force profile, and then I will discuss the discriminatory practices towards Blacks as they exist today.

WORK FORCE PROFILE

As of September 1992, the total number of employees at NIH were 13,262 of whom 2,965 or 22 percent are Black (1,085 M; 1,880 FM); 9,467 and 71 percent are nonminorities (3,890 M; 5,577 FM.) While Blacks represent the largest minority group at NIH (22%) and exceed their Civilian Labor Force (CLF) and national population statistics, an analysis of the DISTRIBUTION of EEO groups and comparison by Professional, Administrative, Technical, Clerical, Other and Blue Collar (PATCOB) WITHIN NIH work force (NIHWF) and the Civilian Labor Force (CLA) show the following:

Senior Executive Service (SES)

[in percent]

	CLF	NIHWF
Blacks	7	4
Whites	87	94
Hispanics	4	1
Asian American/Pacific Islander	2	2
American Indian/Alaska Natives	0.05	0

The representation of Whites in the SES positions is significantly higher in the NIHWF than their representation in the CLF while the representation of Blacks, Hispanics, and Native Americans in the NIHWF continue to be less than their representation in the CLF.

Professional

[in percent]

	CLF	NIHWF	Average Grade	Average Salary
Black	5	7	11	$46,170
White	88	83	12	52,809
Hispanic	3	2	12	51,230
Asian American/Pacific Islander	4	7	12	50,006
American Indian/Alaska Native	0.03	0.002	11	43,848

Blacks in professional occupations exceed their representation in the CLF and the NIHWF. They also exceed the representation of other EEO groups in the NIHWF with the exception of Asian American/Pacific Islander. However, the average grade of 11 and average salary of $46,170 for Blacks is significantly lower than that of all EEO groups with the exception of American Indian/Alaska Native, who have an average grade of 11 and an average salary of $43,848 and whose representation in the NIHWF is significantly less than the representation of Blacks. This phenomena is directly related to the fact that Blacks occupy the lower grade levels in the professional occupations.

Even though the representation of Blacks in professional occupations at NIH significantly exceeds their representation in the CLF, the average salary for Blacks is

significantly less than that of other EEO groups whose representation in the NIHWF is less than the representation of Blacks.

As of September 1992, Blacks represented 14% of positions in grades 5–8; 9% of positions in 9 to 12; only 4% of positions in grades 13–15 and 4% of SES positions.

The higher the grade level, the lower the representation of Blacks in professional occupations.

Administrative

[in percent]

	CLF	NIHWF	Average Grade	Average Salary
Black	7	18	11	$41,756
White	87	78	12	47,439
Hispanic	4	1	12	44,963
Asian American/Pacific Islander	2	3	11	39,451
American Indian/Alaska Native	0.05	0.03	12	41,046

Blacks significantly exceed their CLF representation in the NIHWF. In spite of the fact that Blacks represent the largest minority group, we occupy the lower grades which accounts for the average grade and salary for Blacks being less than that of other EEO groups whose representation is considerably less than that of Blacks.

Technical

[in percent]

	CLF	NIHWF	Average Grade	Average Salary
Black	26	42	7	$27,045
White	69	54	8	28,390
Hispanic	3	1	7	26,493
Asian American/Pacific Islander	3	3	7	24,100
American Indian/Alaska Native	0.20	0.2	7	25,934

Blacks are concentrated in the Technical occupations in the NIHWF at a rate which significantly exceeds their representation in the CLF. However, EEO groups whose representation in the CLF and NIHWF is Significantly less than Blacks, have a comparable average salary and grade. Blacks are represented by grade bands as follows: GS 1–4: 47%; GS 5–8: 43%; GS 9–12: 35%; GS/GM 13–15: 2%. Again, we see that Blacks are concentrated in the lower grade bands and THE HIGHER THE GRADE, THE LOWER THE REPRESENTATION OF BLACKS.

Clerical

[in percent]

	CLF	NIHWF	Average Grade	Average Salary
Black	36	35	5	$21,882
White	59	61	6	24,266
Hispanic	3	1	6	21,935
Asian American/Pacific Islander	2	2	6	22,080
American Indian/Alaska Native	0.40	0.6	5	21,909

Blacks with 35% representation in the NIHWF have the lowest average salary. American Indian/Alaska Natives, with the lowest representation (0.6%), have aver-

age grade comparable to Blacks, but also have a larger average salary. The grade bands for clerical occupations show the distribution of EEO groups as follows:

Grade Bands

[In percent]

	1–4	5–8	9–12	Total Population
Black	50	33	6	35
White	45	63	92	61
Hispanic	1	2	0	1
Asian American/Pacific Islander	3	2	2	2
American Indian/Alaska Native	1	1	0	0.06

Blacks occupy 35% of the total population in the clerical occupations; however, they are concentrated in grade band 1 to 4, (50%) as opposed to Whites who are concentrated in grade band 9–12 (92%).

The statistics consistently show that the higher the grade level, the lower the representation of Blacks will be in that occupational category. This pattern is continued in the Blue Collar and Other Occupational categories.

This unequal distribution of Blacks within the PATCOB occupations results in the egregious disparity in wages between Blacks and other EEO Groups. The average grade for full-time permanent GS/GM Black employees is 8 (males 8 females 7.)

1. The average grade for full-time permanent GS/GM Black females OF 8 is two grades lower than the average grade of 10 for non-minority and Asian American/Pacific Islander females; one grade lower (9) than that for Hispanic females; and comparable to the average grade of 8 for American Indian/Alaska Native females.

2. The average grade of 9 for full-time permanent GS/GM Black males is three grades lower than the average grade for non-minority males; two grades lower than the average grade of 11 for Hispanic and Asian males; and one grade lower than the average of 10 for American Indian/Alaska Native males.

3. The total GS/GM/ES average salary is $41,515. The total average for Blacks is $30,889 as compared to $44,615 for non-minorities, $42,500 for Asian American/Pacific Islanders; $41,158 for Hispanics; and $32,121 for American Indian/Alaska Natives. The average salary of $34,191 for Black males and $29,502 for Black females represents the lowest average salary of any EEO group in the NIH work force.

DISCRIMINATORY PRACTICES IN EFFECT AT NIH

Recruitment/Hiring/Promotion/Selection

Management will tell you that the EQUAL OPPORTUNITY RECRUITMENT PROGRAM (FEORP) is working; that a new Manual Chapter has been published and the FEORP policies strengthened. BIG applauds the efforts of the NIH Director of Equal Opportunity for the hard work, diligence and perseverance that the Office of Equal Opportunity staff demonstrated to get a updated Manual Chapter written, approved and published.

NONETHELESS, FEORP IS NOT WORKING to eliminate the conspicuous absence or manifest imbalance of Blacks within the NIHWF. It is working for Whites who are consistently hired for 80% of all targeted FEORP positions with White women receiving approximately 80 percent of that total.

1. Blacks are not recruited, hired or selected/promoted for positions for which they are qualified.

2. Management officials are not held accountable outside of their specific Institute, Center, Division (ICD) for their recruiting, hiring, selection, and promotion practices for Blacks and other minorities.

3. Blacks are held in grade longer than Whites and other EEO groups prior to promotion. Comparable education and/or experience appear not to be a significant factor in this process.

4. Blacks are hired/promoted/selected to positions and grades lower than what their knowledge skills and abilities dictate while Whites with comparable or less education and/or experience are placed in positions and grades higher than Blacks. For example, a Black with a degree who can qualify for a professional or adminis-

trative position is often placed in a clerical or technical position while a White with a degree is often placed in a professional or administrative position. Another example of management's discriminatory hiring practices is hiring a Black at the lowest grade of a career ladder position while hiring Whites at the highest grade. If a Black and a White candidate are selected for a 9/11/12 career ladder series, and each can qualify for the GS 11, management will usually hire/select/promote the Black to the GS 9 and the White to the GS 11.

5. Blacks are required to have college degrees for some positions where there is not a positive educational requirement.

6. Management will often refuse to hire/promote/select a Black employee who receives a "less than favorable" employer reference without first giving that Black applicant an opportunity to refute, rebut, or explain the "less than favorable" reference.

7. Management continues to rely on the "good ole boy" network, peer referrals and "word of mouth" recruitment for hiring scientists for intramural research positions.

NIH EEO Complaints Program

The EEO Complaints Program is ineffective. Justice delayed is justice denied. In 1991 the average processing time for formal complaints was 445 days; the average processing time for informal complaints was 92 days. In 1992 the average processing time for formal complaints was 452 days; the average processing time for informal complaints was 110 days. The average time for resolving complaints is increasing instead of decreasing. This is entirely too long and is unacceptable. This long delay only serves the puposes of management. This delay before the original complaint is resolved allows management to retaliate against employees who filed the complaint by harassing, disciplining, and/or removing them. The majority of the employees suffering from the discriminatory practices of management are Black.

More than fifty (50%) percent of all formal and informal complaints filed are filed by Black employees.

Black employees have informed BIG that EEO Counselors as well as ICD EEO Managers attempt to dissuade them from filing informal or formal complaints by telling them that they will be retaliated against for filing and that their complaints are not "good cases." Black employees have also complained that the ICD EEO Officers as well as the EEO Office of the NIH Director are not responsive to their needs and that these entities solely represent management.

Blacks have a basic distrust for the ICD EEO and personnel officials within their respective ICDs and the NIH Office of Equal Opportunity.

Separations

Blacks continue to be separated at a greater percentage than their representation in the NIH work force. In FY 91, there where a total of 906 separations. Blacks represented 26 percent (11%M; 15%F) of the total separations. In FY 92, there were a total of 875 separations and Blacks accounted for 22% (9%M; 13%F.)

The total population of Blacks decreased by two percent from FY 1991 to FY 1992. No other EEO group has experienced a separation rate as high as Blacks.

The separation rate for Black males is significantly greater than that of males in other EEO groups.

BIG believes, based on the complaints we have received, that a significant number of these separations are due to the hostile work environment that Blacks find themselves in. The Black Employment Program Manager in the Office of Equal Opportunity has received complaints that Blacks are physically abused and assaulted; verbally abused, subjected to profane language and threats from their supervisors, and demeaned and demoralized. We work under extremely stressful working conditions. You will hear some testimony today of the hostile work environment and its adverse effects on the employee.

A closer scrutiny of the reasons for the separations for Blacks will show that Blacks are most often separated under unfavorable conditions, i.e., removal, forced resignations, resignations in lieu of discharge as compared to the separations for Whites and other EEO groups.

EEO Initiatives

The Office of Equal Opportunity and senior top level officials have allegedly undertaken a number of EEO Initiatives to address problem areas and to provide career enhancement for employees. Most of these initiatives were initiated in FY 90 and some were established in FY 93.

Today you will undoubtedly hear the NIH management officials espouse the merits of and access of these initiatives. They would also have you believe that these

initiatives are being or will be successful towards addressing problem areas and providing career enhancement for employees.

BIG does not wish or intend to disparage the efforts of the NIH Office of Equal Opportunity nor any senior management official but the truth about these initiatives is not being told. The truth is that little or no work is being done to bring these initiatives to fruition. BIG believes that these initiatives, when completed and implemented, may have some success in addressing the employment concerns of Black employees. At the present time however, most of these initiatives are paper initiatives in various stages of development and have been in development since FY 1990. At NIH, OEO management officials have conducted various briefings for ICD management officials informing them of the Initiatives and the accomplishments made as a result of these initiatives. OEO management officials have not been completely honest in their reports of accomplishments. I would like to direct your attention to a few of the initiatives.

THE MULTI-YEAR INITIATIVES

Biomedical Science Career Orientation Program For Minority Students

The first Biomedical Science Career Orientation For Minority Students (BSCOMS) was implemented in FY 92 and was very successful. This program is a outreach effort to raise the awareness and interest of Black high school students in biomedical research careers, through an 8-week paid internship in NIH laboratories. The first group of 24 students from schools in the DC Metropolitan area (predominantly Black student populations) successfully completed the program in FY 92. The program was funded for FY 93 and 24 students have been selected. This program, however, is not a part of the system—it is not a budget line item. The two programs have been funded by the Office of Minority Health; however, the Black Employment Program Manager who serves as the program Administrator for BSCOMS, must seek funding each year. BIG sees the value of this program and supports it. But the problem with the program is that it depends on the whim of the Office of Minority Health and its budgetary constraints. We have no way of knowing from year to year whether or not the program will be funded.

Management Cadre

This initiative was designed to train and qualify minorities and women at the GS–GM 12, 13, and 14 grade levels for future senior level vacancies through a 18-month training and career development program. The OEO alleges that the Management Cadre was approved in FY 92 as a component of an overall NIH Leadership Development Program; and that a committee has been established to coordinate the program and set up specific operating procedures. I am a management official at the NIH and to date I have heard nothing about this nor have any of my colleagues. I think this is just a paper initiative.

Minority Recruitment Network

The OEO alleges that this network has been utlilized by the OEO to distribute NIH vacancy announcements to 200 minority organizations and that in FY 92 more than 1,000 announcements and job opportunities were referred to Network. The truth of the matter is that the OEO does not have a Minority Recruitment Network. What it is calling a Minority Recruitment Network is the African American Recruitment Network which was initiated and implemented by the NIH Black Employment Program Manager. In FY 92, over 1,000 vacancy announcements were mailed out to more than 200 minority organizations, however, this was done solely by the Black Employment Program Manager with very little support from the OEO staff. The majority of clerical support given to the Black Employment Manager came from a Stay-In-School employee from another ICD. The supervsor of this employee was very supportive of the Black Employment Program initiative and permitted the employee to volunteer as much time as possible. Since FY 93, no work has been accomplished for the African America Recruitment Network.

A second component of this initiative was to monitor the selection results for the positions for which African Americans applied. After the first attempt by the Black Employment Manager to monitor these selections, the Director, OEO, instructed the Black Employment Manager not to send out any more monitoring letters.

BIG strongly supports this initiative, and it is one that must be continued. However, the problem, as it exists today, is that there is no real commitment by the OEO to support this initiative.

Career Development Workshops

OEO officials allege that these workshops were designed to provide employees in lower graded positions with an opportunity to enhance their career potential through classes relating to their professional development and that in FY 92, five workshops were given and more than 500 employees attended. BIG thinks that this initiative is greatly needed to assist all employees but especially for Black employees in lower graded positions. Black employees constitute the largest minority group occupying grade bands 1–4 in most occupations, but training for them is not given the same importance as it is given for White employees. ICDs must pay for their employees to attend. The cost of these workshops is one of the problems that we think may affect the number of Blacks who are able to attend them.

Federal Equal Opportunity Recruitment Program

One of the main problems with the FEORP plan is that it does not hold managers accountable, outside of their ICD for their selection decisions. Managers will continue business as usual—hiring a White woman and writing a justification for the selection, and the selection will go unchallenged. In addition, Whites will continue to be the largest group selected for positions targeted for minority hiring.

Staff Fellows Review

In FY 90, OEO used a private Black contractor to review the NIH Staff Fellows Program and to explore concerns stemming from the low rate of conversions of minorities from the Staff Fellows Program to permanent positions. That review was completed and submitted to OEO in FY 91. The report contained recommendations to management for ways to improve the recruitment, conversion, and retention of African American scientists. To date not one recommendation has been implemented. As a matter of fact, the report was never distributed to the NIH Scientific Directors. They received no briefing on the results of the review. The report was turned over to a task force established to review the overall posture of minorities and women in intramural research. Preliminary findings from this committee indicate they have found nothing different from the information contained in the Staff Fellows Review. Again, we have the OEO failing to act on recommendations that show that African Americans are being discriminated against. There appears to be a pattern emerging from the Director, OEO which indicates that when a Black contractor conducts a study or a review, that study or review must be validated by a White firm before the OEO finds it acceptable. For example, the Director, OEO did the same thing with the Drew Dawn Report that found discrimination and sexual harassment in the Office of Acquisitions Management. The Director, OEO hired another firm to review and discredit the Drew Dawn Report in order to justify not taking actions against those supervisors who engaged in discriminatory and illegal acts against Black employees.

New Initiatives

These initiatives were established in FY 92 by the Office of Equal Opportunity, allegedly in to their recent awareness of the of problems in the workplace that may be attributing to the turnover of minorities, women and employees with disabilities.

EEO CRITICAL PERFORMANCE ELEMENT

NIH has established EEO as a critical performance element in all managers and supervisors performance standards beginning with FY 93 ratings. This critical performance elements does not apply to managers and supervisors of the Commissioned Corps who supervise a large percent of the NIH work force. The critical element only applies to GS/GM managers and supervisors. OEO contends that this element will hold all managers and supervisors accountable for the EEO activities, including recruitment and selection of minorities and women for FEORP positions, career development of employees and providing equitable treatment for all employees in assignments, training, promotions, awards and personnel actions. BIG has a different opinion about this critical performance element. The critical element is not measurable. In FY 1992, Dr. James O. Mason, the former Assistant Secretary for Health, Public Health Service instucted all PHS agencies to develop and implement a critical element that was measureable. NIH has not complied with that instruction. The critical element has no teeth. In an effort to get consensus from top management officials, OEO compromised and issued a critical element that has very little chance to change the employment profile at NIH, or hold managers accountable for their employment decisions affecting Blacks.

BIG reserves its opinion on the other 1993 Initiatives since they either have not been implemented or have not had sufficient time to be evaluated.

RECOMMENDATIONS

Based on the pervasive discriminatory practices and hostile environment in which we are forced to work, BIG recommends that Congress direct NIH to implement the following recommendations:

1. Conduct a NIH-wide review of each ICD for all procedures and practices relating to recruitment, hiring promotions, working conditions, performance appraisals, disciplinary actions, separations, reasonable accommodations, and sexual harassment to determine whether or not Blacks and other ethnic minorities are being adversely affected by these procedures and practices. These are the issues on which most informal and formal complaints are filed.

2. Strengthen the FEORP to hold all managers and supervisors accountable outside of their respective ICDs for their FEORP selection decisions. All selections to targeted FEORP positions should be monitored by the OEO. Exceptions to FEORP should be reviewed, approved/disapproved by the Director, OEO.

3. Fund and staff the American Recruitment Network to ensure that there is an ongoing, effective program.

4. Reorganize the OEO so that it is more responsive and more effective in addressing the needs of employees. Provide additional funds and staff so that OEO can carry out its different functions and monitor ICD accomplishments. We recommend that the ICD EEO Managers report directly to the Director, OEO, and not to officials within the ICD. ICD EEO Managers could be more effective in carrying out the NIH mission for EEO if they were not supervised by officials within the ICD.

5. Strengthen the EEO critical element to hold managers accountable for their personnel decisions affecting Black employees. The element should hold managers accountable for accomplishing FEORP goals and for resolving complaints. The standards as they are written now, are not measurable.

6. Establish a EEO Performance Review Board. This NIH committee would review the EEO accomplishments of each manager and supervisor to see if accomplishments merit the proposed rating.

7. Conduct a study on promotion rates to determine whether or not Blacks and other minority groups are held in grade longer than other EEO groups. Actions to remedy such disparity must be undertaken immediately if such disparities are found.

8. Release the Staff Fellows Review to the appropriate NIH officials and implement the recommendations contained therein.

9. Develop an action plan within one month of the date of the hearings to implement these recommendations and provide a quarterly report to Congress on its accomplishments, beginning the first quarter in FY 94.

Thank you for allowing me to provide testimony before this subcommittee. I wlll be happy to answer any questions you may have.

Mr. HASTINGS. Mr. Wims, we really would appreciate you being able to summarize. We are proceeding with limited time.

Mr. WIMS. Thank you, Mr. Chairman. My name is Gregory Wims, president of the NAACP, Montgomery County, MD. And I thank you on behalf of Dr. Ben Chavis for letting us, a local chapter, testify today.

Joining me is Mr. Joe Sellers from the Washington Lawyers Committee for Civil Rights, and in the audience, Gary Simpson, the chairman of the NAACP of Montgomery County's Legal Redress Committee and Mark Niles from Hogan & Hartson, the law firm that is taking on these cases pro-bono.

As a child, Mr. Chairman, and members of the committee, I became very aware of NIH and the problems of discrimination because members of my family as well as members of my community church worked there. We heard over and over again of the alleged discrimination practices at NIH as it related to African-Americans.

I was fortunate at the age of 18 to get a job at NIH, but I found firsthand that the problem was deeper than what I even realized. Today you have heard some of the problems, but I am going to talk to you about a few specific problems—and then I know Congress-

woman Norton asked specific questions—I want to answer some of the specific questions about how to remedy the problems.

The National Institutes of Health is charged with researching and finding solutions to medical problems not only for the United States of America but for the world. What dismayed the NAACP was that when we started the investigation, we found that several employees were, in fact, under medication because of the discrimination they had undergone while working at NIH. Their managers were so brutal, verbally and physically, to them that they had to seek psychologists and take medication.

I think this is a shame that at the National Institutes of Health the employees themselves have a health problem because of the work situation.

Some of the specific problems we found were in housekeeping, over half dozen or more employees were hired as GS–3's, the lowest grades, as temporary workers. These workers—some of them who put together written statements to the NAACP—had worked for 12 years with no benefits. We are familiar with what happened at the mall to the young man who died, unfortunately, without benefits. We are hoping that today's hearing will shed light, not only on NIH but the rest of the country, to the plight of temporary employees, most of whom are African-Americans.

Five hundred nurses serve the National Institutes of Health. To this date, from the information I have, there is not one black or African-American manager at the National Institutes of Health in the nursing unit.

Also, we have discovered that more African-Americans and other minorities have been denied promotions than those who are white. But in one specific case, two drivers who happened to be African-Americans were told on numerous occasions to pick up lunch and even children of their supervisors. But when someone complained that they saw them at a local bank cashing a check with a government car, they were suspended for 60 days. This is alarming to the NAACP.

We found as we conducted our investigation that the problem stems from the top, not necessarily the leadership.

We heard Dr. Healy and the others saying that they are committed to trying to eliminate racism and sexism. But what I found to be true when I worked there was that the problem was with the medical researchers. The most brilliant minds at NIH, the ones that head up the research for AIDS, leukemia, for cancer—these doctors are so brilliant that they are doing research and they are not looking at what happens to the employees that are under them.

I would like to say to this committee and the United States of America that the only way to eliminate discrimination at the National Institutes of Health is that those medical directors will have to have some type of sensitivity, diversity training and then be held accountable for the employees that work under them. And if they don't meet the requirements, then those researchers need to be terminated from those jobs because we cannot have Federal tax dollars paying for people who put mental cruelties on their employees at the National Institutes of Health or any other agency in this government.

Ben Chavis, in his opening statement, said that he was going to do all that he could do to eliminate racism for all people: men, women, the aged, et cetera. But he specifically said that the Federal task force will look at discrimination in all sectors of the Federal Government. And I want to let the community know that, with your assistance, we will probably be back in 3 months with allegations of massive discrimination at the Department of Commerce. And we know about the Post Office. And Dr. Chavis has gone on record saying that if Mr. Runyon does not clean up his act, that the NAACP will ask the President of the United States to remove him.

With that, I will answer questions.

[The prepared statement of Mr. Wims follows:]

PREPARED STATEMENT OF W. GREGORY WIMS, PRESIDENT, MONTGOMERY COUNTY, MD, NAACP

Mr. Chairman, members of the committee, my name is W. Gregory Wims, President of the Montgomery County, Maryland, NAACP, the largest branch in the Washington metropolitan area. Thank you so much for giving me this opportunity to discuss a matter I am very familiar with: discrimination at the National Institutes of Health. I became aware of the problems of racial discrimination at NIH as a teenager from my relatives and members of my church in Gaithersburg, Maryland. Many of them had worked for over thirty years before retiring from NIH. All of them worked at the lowest grade levels with no promotion or advancement. In 1969 I was given the opportunity to see first hand what my relatives and church members were talking about. I accepted a job through a work-study program at NIH while a college student, working 16 hours a week. I remember telling my college classmates in History that NIH reminded me of a plantation. Acres of pretty green grass and tall trees, the most brilliant medical minds in the world, asking for and receiving anything they needed to cure cancer and other diseases. I went on to tell my college friends that ten percent of the work force consisted of African-Americans providing low skilled services, for example: cutting grass, cleaning floors, working the mail room, cooking the food, and cleaning the cages that contained animals for experiments and research. Mr. Chairman, members of the committee, conditions have not changed that much today. Since January 10, 1993, the day I was sworn in as the President of the Montgomery County Maryland branch, until March 10, 1993, our branch received approximately 15 complaints of racial discrimination at NIH. I asked my Labor and Industry Committee to investigate and report back to the executive board their findings. The problems were monumental and the committee chair asked me to take a "hands-on" approach and lead the investigation. I asked the local chapter of BIG (Blacks in Government) to assist in the invesigation. They let me review a copy of the infamous Drew-Dawn Report which documented racial discrimination within the Office of Acquisition and Management. The report detailed older white males socializing with younger white females and promoting them over more experienced and better qualified minorities. I contacted several African-American employees who worked within Acquisition and Management and asked them to give me their testimonies. Mr. Chairman, members of the committee, there was not a dry eye in the room. Witness after witness talked about managers mentally abusing them, using verbal profanities, and threatening to terminate them on the spot and constant humiliation. After receiving this highly emotional testimony, the executive board of the NAACP, led by attorney Gary Simpson, voted to hold a press conference to expose the alleged discrimination at NIH. One week after the press conference, 250 current employees of NIH joined the NAACP and BIG at a rally to support the women who courageously came forward to tell the world of these injustices. One week later we held an intake session where 130 current NIH employees came forward to file official complaints with the NAACP of alleged discrimination. One week later, we had a second rally where again approximately 250 NIH employees showed their support for the 130 employees who filed the official complaints. Because of this huge turnout, we had to ask the law firms of Hogan and Hartson, and the Washington Lawyers Committee on Civil Rights to assist us on a pro-bono basis. You will hear directly from the bereaved witnesses in the next panel, but I would like to highlight a few examples of what we found. Approximately twelve employees working in the housekeeping section were hired as GS-3 temporaries for six to

twelve years without full benefits. This clearly goes against the United States labor laws. Out of the 500 nurses currently employed at NIH, not one African-American is in a managerial position. In the power plants at NIH, African-American and Hispanic employees have the night shift, while white employees enjoy the day shifts. We found nepotism, at best, throughout the campus, an "Old Boy" community network, at worst. One example of this is: in one section of NIH, thirty employees live within a two-mile radius of each other, attend the same bowling alley, are members of the same fishing and gun club, etc. Of course, these employees are the employees who get promotions, while minorities remain in low-paying positions. Further examples of discrimination: In a guard service company known as MVM, where approximately 95 of the 100 employees are African-American, a systematic reduction in salary has occurred over the last three years. The employees in this company have suffered a 93 cent reduction in salary, costing each employee almost $1800 per year. Both NIH and the Labor Department were contacted about this unacceptable situation, and the Labor Department responded by stating that the wages to be paid to employees MUST BE POSTED. This never happened. These employees have not heard anything from NIH. Another example: Two African-American employees were suspended for 60 days without pay for unauthorized use of a "government car." The two had stopped at a bank while they were out doing their normal duties. On numerous previous occasions these two African-American employees were sent out by their white supervisors to get lunch for both these supervisors, and sometimes the supervisors' kids. In each instance the African-American employees were told to use a "government car." Apparently getting lunch for a white supervisor and his children is an authorized use of government vehicles at NIH.

Mr. Chairman, members of the committee, the NAACP urges this committee to look at the allegations that you hear today and make stiff recommendations that will remedy these discriminatory practices at NIH. We also would like to see supervisors who are found guilty of discrimination severely reprimanded. Thank you very much. I will be glad to entertain any questions at this time.

Mr. SELLERS. Mr. Chairman, I will be brief. I work with the Washington Committee for Civil Rights, and I am here today in the hope of offering this subcommittee a brief perspective from an institution that has—for more than 25 years, in the Washington area, and particularly with respect to Federal employees—been offering legal assistance to victims of employment discrimination. And we have been representing people involving employment discrimination in the Federal work force since the time Title VII was extended to protect Federal employees in 1972.

What we find particularly troubling here is that the problems discussed here today are recurring problems. As Mrs. Norton aptly put it, they go beyond the individual discrete complaints which may arise from time to time in the Complaints Processing System; and they suggest a more deep-seated problem than simply the numbers and the names and the complaints reveal. Although, it is important to note that even NIH's own affirmative action plan documents some of these problems. And it is well worth a review for the subcommittee because it does suggest that NIH realizes that it has had serious problems with underrepresentation of African-Americans and other—and women in the senior echelons of its work force.

I want to focus briefly on a few measures that we are undertaking that I would like the subcommittee to be aware of. I would like to regard this hearing as the beginning of a dialog that we hope to have with, not only the NIH but with this subcommittee, about ways to reform the underlying system, the personnel system at NIH so that these problems will not recur.

The Washington Committee and the firm of Hogan & Hartson has begun interviewing large numbers of employees, particularly African-American and women employees, to learn more about the

nature of the complaints they have to determine whether there are, as we already believe have been shown, systemic, recurring patterns that reveal systemic problems.

And we expect and have begun, through a dialog with NIH, to discuss with NIH management, ways to reform the system in the hopes that it will not—that we will not have repeated hearings, these hearings will no longer be necessary to deal with these problems.

I might suggest that we have had success with other agencies—the FBI, among others, with a case that we just negotiated a settlement—in which we have worked with them in designing procedures to provide regular input from minorities and women into the way in which they redesign their personnel procedures. So there is a feeling of inclusiveness from the entire work force when these new procedures go into effect.

The second thing I wanted to mention is—so we hope to come to some closure toward the end of summer in identifying some of the problems that are particular to NIH. In addition, there are problems that are evident at NIH but which go far beyond this particular agency which appears to be problems throughout the executive branch.

And I speak particularly of the Complaints Processing System. And it has been mentioned now several times by Members of this subcommittee. There is pending both in the House and in the Senate, the Federal Employee Fairness Act which this committee was so successful in reporting out favorably in the last Congress. It was just recently reported favorably by the Senate Government Affairs Committee, and we hope will be moving quickly in both Houses.

This bill, if enacted, would eliminate the conflicts of interest that have so frequently plagued the complaints system at NIH and other agencies. It would greatly speed up the adjudication and the processing of these claims. It would improve the overall quality of the case processing, and it would ensure that persons who are found, who are proven discriminators, receive some sort of discipline, something that we think could result in a dramatic change in the kinds of disincentives to commit discrimination and start to eliminate the feeling that discrimination can be committed with impunity in the Federal work force.

With that, I will conclude.

Mr. HASTINGS. Mr. Wynn.

Mr. WYNN. Mr. Chairman, I understand that we are under severe time constraints. I will pursue my questions with the witnesses individually. But I thank them. They have presented constructive, productive testimony; and I appreciate their appearance here today.

Mr. HASTINGS. Mrs. Morella.

Mrs. MORELLA. Mr. Thomas, I am curious about the input you have in traditionally representing BIG with regard to affirmative action, equal employment opportunity practices.

What is your past involvement?

Mr. THOMAS. You mean me personally, or Blacks in Government?

Mrs. MORELLA. I mean for the organization.

Mr. THOMAS. I think when Dr. Healy took over 2 years ago, Blacks in Government normally meets with the Director and advise them of our problems. We were able to meet with Dr. Healy only once. After that, we were not able to meet with her at all, until these rallies, some 2 years later.

Unfortunately, that was the pattern with the other director, Dr. Wyngaarden, we were not able to see him.

We are happy to be working on the NIH task force, looking at the global problems of racism, sexism, nepotism, and unfairness.

Mrs. MORELLA. I am glad you are working on the task force. I have met with SHER, the women's group, in terms of sexual harassment; and I have never had people from BIG come to me as a Member of Congress with problems at NIH. And I am curious about whether you had had opportunities or whether you felt there was a cooling, a chilling effect, or problems with retaliation to speak out.

Mr. THOMAS. Not at all. We have been working with Congressmen Stokes and Hoyer for the past 10 years; unfortunately not you, but other Congresspersons.

Mrs. MORELLA. But you did say the task force and the recommendations that were made by Dr. Healy and her successors, Dr. Mahoney, and your involvement with the task force are going to make a difference?

Mr. THOMAS. I think these recommendations and what the task force is starting to do will help, but they will not resolve the problems. We have presented some pointed recommendations which I think will get to the matter.

Mrs. MORELLA. And there is no doubt that there needs to be a change in attitude. And I am glad Mr. Sellers pointed out the bill that we mentioned earlier. That is one of the remedies. And we have heard that there is a distrust of the EEO people at NIH too. I don't know if that is anything that you have heard also. We have had phone calls because of this hearing relating to that, so we have to change the aura.

Mr. THOMAS. I would like to make a comment on that. We are making a recommendation that the Office of Equal Opportunity be reorganized.

Now, that recommendation means that in each institute, center and division has an EEO manager that works for the director of that entity. And what we are saying is that we would request that these persons report under the Office of Equal Opportunity so that there is no conflict as there is now.

That is why there is no trust, because the EEO managers are viewed as a tool or the hand of the director.

Mrs. MORELLA. So we have the fox watching the chicken coop kind of thing.

I want to thank you for bringing it to our attention, because I know that we have reached the wonderful crossroad where we will be moving ahead at a faster pace to remedy the situation which has to do with attitude too.

Mr. HASTINGS. Ms. Holmes-Norton.

Ms. NORTON. Thank you. I have two questions.

I appreciate the testimony that we have received from you. I would be interested in BIG's opinion of the recently formulated Investment for Humanity plan.

Mr. THOMAS. In terms of issues that we are talking about today, I think it is great what Dr. Healy had set out to do; I don't think we ever had a strategic plan at NIH. And this is something that has been very positive. But in terms of remedying these issues that we are talking about today, one doesn't have anything to do with the other.

Ms. NORTON. Can I ask you, finally, a question I asked Dr. Healy: I would like to know how long you perceive that this has been a deep-seated problem at NIH and what you think are the causes of this problem?

Mr. THOMAS. I have been serving and working at NIH for over 18 years. And the problems I have seen, it has been over 18 years; so I have seen this problem as long as I have been at NIH.

Ms. NORTON. This widespread? At this level?

I am trying to get a handle on how a problem gets to permeate an agency. Every agency has discrimination problems in the government, but I am trying to understand how an agency can become overwhelmed, as NIH has apparently become, with problems of discrimination without somebody doing something about it.

Mr. THOMAS. You talk about not expecting a problem at NIH, but NIH has always felt like the exception and also the premiere agency and that there are no rules or regulations. We have scientists that are Nobel laureates, who don't consider the rules and regulation. They do what they consider is important for science. So the employees are not looked after.

When you have an environment of elitism and environment of "science first," this is the result that you find.

Mr. WIMS. I would like to answer the question.

My history goes back 30 years at NIH through my family and myself. And what happens when equal opportunities or opportunities for African-Americans, those people remain at the lowest levels.

So the mindset for a 12-year period was that African-American employees were employees who cut the grass and cleaned the floors, et cetera.

What happened, as we got into the system and we had more educated and degree'd African-Americans, you still had the same managers. And anything that a doctor working on cancer wanted, they got it. You got it for them, and you got it quickly or you would be terminated.

That mindset was that anyone that slows the process of feeding that doctor what he needs is to be terminated. In the case of African-Americans, because they came in and the history coming in from the 1950's and 1960's were at the lower levels, the mindset was that we cannot achieve.

I would mention one other thing. You mentioned historical black colleges. The reason the dollars are so small, there is a mindset, the people from Harvard and so on, that the historical black colleges don't produce the quality graduates. It comes from the top of those medical and brilliant minds trying to find the answers for

the diseases and the managers trying to do everything they can to supply them. That is where the problems comes from.

Mr. HASTINGS. Mr. Wims, in your opinion, what is the single most important measure that NIH could take in the way of structural change that would sustain rather than initiate fair employment practice?

Mr. WIMS. Mr. Chairman, the first thing is to adhere to the rules and regulations already on the books; enforce that anyone who is found discriminating will be dealt with and dealt with firmly.

And, secondly, because of the top people, there has to be diversity classes or equal opportunity classes for those researchers. They have to come to the table. They don't see it. They are looking down the tunnel to find answers.

Mr. HASTINGS. It sounds to me that we ought to put somebody between the eccentric scientist and the community at large. I would want the eccentric scientists, but I wouldn't pay any damn attention to his attitude, and deal with them. It seems that idiosyncrasies and eccentricities go with brilliance.

And accepting that as true, that still does not allow for discriminatory practices within an agency to permeate it the way Ms. Holmes-Norton and others have identified.

I thank you all. And we do want to hear from Ms. Mutakabbir and Mrs. Whitted.

Thank you.

STATEMENTS OF GLADYS WHITTED, EMPLOYEE, NATIONAL INSTITUTES OF HEALTH; AND JALIL HAMEEN MUTAKABBIR, BLACK EMPLOYMENT PROGRAM MANAGER, OFFICE OF THE DIRECTOR, OFFICE OF EQUAL OPPORTUNITY, NATIONAL INSTITUTES OF HEALTH

Ms. WHITTED. Good morning.

Mr. HASTINGS. Good morning.

Before you begin, let me ask you all, too, to be brief. We have extended our time because you have been so gracious and patient. And I don't mean this facetiously,.

Ms. Mutakabbir, I saw you; and I know that you have said publicly what you are going to say publicly.

Ms. WHITTED. First, I would like to thank you, your committee, Congressman Wynn, and Congressman Clay, and the staff who worked very diligently to give this injustice the exposure needed in order to bring about change at the National Institutes of Health for African-American employees.

My name is Gladys Whitted, and I am the Small and Disadvantaged Business Utilization Specialist for the Division of Procurement, which means I manage the socioeconomic program for Intramural Research at the Division of Procurement.

I was also elected the first Vice President of the NIH Chapter of Blacks in Government, December 1991 through December 1993. And I am also the Contract Compliance Coordinator for the Division of Procurement at the National Institutes of Health.

In my position as the Small and Disadvantaged Business Utilization Specialist, I see all the businesses that want to do business with NIH Division of Procurement. I recommend set asides for the

small business program and the socially and economically disadvantaged program, the old minority business program. I report to Mr. Shelby Buford, Sr., who reported to Mr. Norman Osinski, the Director of Acquisition Management.

However, in November 1992, Mr. Osinski left NIH and Mr. Buford is now reporting to Dr. Leamon Lee, acting Director for Acquisition Management.

In my role as the Contractor Compliance Coordinator for the Division of Procurement, I ensure compliance with the Civil Rights Act and related Acts and Executive orders that prohibit discrimination in federally supported programs because of race, color, religion, sex, national origin, or handicap. And I think, because of all of this, I have firsthand experience and knowledge of the injustice that is being done to the African-American employees, especially in Acquisition and Management.

I have been employed at the National Institutes of Health for 17 years. I was promoted, but my last promotion was in 1984. I have been in my grade for 9 years as a GM–13. I manage and head up a national program. I do feel that I have been discriminated against and denied promotional opportunities because I am an African-American woman. There is so much I could tell you about what has happened in Acquisition Management, the racism that has run rampant to the employees that are in that area. This is all over NIH. This is why we are so thankful and grateful that you are having this hearing today.

I cannot understand, with the level of responsibility, the performance and productivity that I have reached, why I have not been promoted. When I have performed this job according to the mission of the NIH and according to the mission of my office, anyone that knows me, knows that I am not the kind of government employee who is content to work daily and go home with nothing accomplished. I manage my office and the mission of my office. And I feel that because I am an African-American woman, that is the only reason that I have not been promoted.

I know we are pressed for time. And I thank you for allowing me the privilege of coming here to tell you some of my concerns and what has happened to me in Acquisition Management.

Mr. HASTINGS. Thank you.

[The prepared statement of Ms. Whitted follows:]

PREPARED STATEMENT OF GLADYS M. WHITTED, EMPLOYEE, NATIONAL INSTITUTES OF HEALTH

Good Morning: First, I would like to thank your committee, Congressman Wynn, Congressman Clay and the staff who worked so diligently to give this injustice the exposure needed in order to bring about change.

My name is Gladys M. Whitted. I am the Small and Disadvantaged Business Utilization Specialist for the Division of Procurement at the National Institutes of Health. I manage the Socioeconomic Program for Intramural Research and I am the Contract Compliance Coordinator. I was also elected the First Vice President of the NIH Chapter of Blacks In Government (December, 1991–December, 1993). I have been employed at the National Institutes of Health since 1974.

In my positions as the Small and Disadvantaged Business Utilization Specialist (SADBUS) and the Contract Compliance Coordinator for the Division of Procurement, I report to Mr. Shelby Buford, Sr., the Deputy Director for Acquisition Support who reported to Mr. Norman Osinski, the Director of Acquisition Management. However, in November, 1992, Mr. Osinski left the NIH and Mr. Buford is now reporting to Dr. Leamon Lee, Acting Director for Acquisition Management.

The mission of the Office of Small and Disadvantaged Business Utilization (OSDBU) is to aid, counsel, assist, and protect the interests of small businesses, socially and economically disadvantaged businesses, woman owned businesses, and labor surplus area concerns to see that they receive a fair and equitable share of contracts awarded by the Division of Procurement.

In my role as Contract Compliance Coordinator of the Division of Procurement, I insure compliance with the Civil Rights Act of 1964 and related Acts and Executive orders that prohibit discrimination in federally supported programs because of race, color, religion, sex, national origin, or handicap. Therefore, I have first hand knowledge of the injustices to me and other African-Americans at the National Institutes of Health.

From my personal point of view I feel that I have been discriminated against and denied promotional opportunity because I am an African-American woman. I was promoted to a GM-13 position in 1984 and have been in this grade for nine (9) years. Since 1988, I have bean actively requesting promotions through the proper channels. Each time I have been denied a promotion to grade GM-14 and I am told by my superiors that the reasons are because of budget constraints and lack of full-time employment slots. While I can appreciate this language I do not understand how it relates to me.

In my position I review all of the acquisitions for contracts in the Division of Procurement on the intramural side of NIH. I review approximately 420 contracts each year. My first priority, because of the mission of my office, is to determine if I can set them aside for small businesses or small and disadvantaged businesses. I meet with approximately 2,000 businesses per year to explain to them how to market to the National Institutes of Health. In my job I also perform training with companies and staff. Further, I meet with any number of NIH top officials constantly to explain or justify why I recommended a requirement to the Section 8(a) Program of the Small Business Act. In most cases I have never received support from the highest levels of the Division of Procurement, and the Division of Acquisition Management.

I cannot understand with the level of responsibility, performance and productivity I have to reach no one has given me a good reason as to why I cannot be promoted to a GM-14 when I am already performing the job and have been since 1988. Each year I receive excellent and outstanding ratings in my job performance and have exceeded my socio-economic goals each year since 1979. This has personally affected my health (by causing me undue stress), my self-esteem and worth. I feel I am doing an excellent job as directed by the mission of my office but I am being graded or treated in an inferior manner. I was just notified one week ago that my promotion once again has been denied by the NIH Personnel Office. The question from me becomes, where do I go from here?

Anyone who knows me knows that I am not the kind of government employee who is content to come to work daily and receive a pay check without achieving goals or having a purpose. I believe in the mission of the National Institutes of Health and have worked diligently to fulfill the mission of my office but feel that because I am on African-American female, someone has decided that I am unworthy of receiving a promotion.

Mr. HASTINGS. Ms. Mutakabbir.

Ms. MUTAKABBIR. Good morning Mr. Chairman and members of the subcommittee. My name is Jalil Hameen Mutakabbir. I have 30 years of Federal service, 27 of which have been spent working in the discipline of Equal Employment Opportunity. During my 27 years as an EEO Specialist, I have worked in staff and management positions beginning as an EEO investigator and progressing up the ranks to the top management prospect of Deputy EEO Officer where I had full responsibility for the total EEO program.

I have been employed at the National Institutes of Health Office of the Director, Office of Equal Opportunity since November 1989 as the NIH Black Employment Program Manager. One of my responsibilities is to serve as spokesperson for NIH on matters pertaining to the employment of blacks at NIH.

I have been instructed, however, to inform you that the Department of Health and Human Services did not clear my testimony

for presentation to this committee and that my testimony expresses my opinions and not those of the Department or NIH.

I do thank you for inviting me to provide testimony about my knowledge of the treatment of blacks during their tenure at NIH.

Mr. Chairman, racism is the root cause of the hostile work environment and discriminatory personnel practices to which blacks are subjected on a day-to-day basis. The racist attitude and behavior of some NIH management officials have permeated all the personnel procedures and practices and denies black employees access to equal opportunities at the National Institutes of Health.

The effect of this racist behavior and attitude is reflected as follows: The largest concentration of black employees is in Wage Grade positions followed by grade bands 1 through 4 as compared to the largest concentration of white employees in the Executive Service and the Commission Corps followed by grade bands 13 to 15.

Seventy-four percent of the black population is distributed within the technical, clerical, other, and Blue Collar positions as compared to 33 percent for whites.

Sixty-five percent of the white population is concentrated in professional and administrative positions as compared to 26 percent for blacks.

In fiscal year 1992, white women received approximately 80 percent of all internal and external opportunities for targeted FEORP positions. White women were not among the EEO groups targeted for these positions. And in spite of the fact that they are the only EEO group who has reached parity, they continue to be selected over highly qualified black and other minority candidates.

NIH does not have a system to track or monitor applicant flow data. Therefore, management selections cannot be appropriately monitored to ensure that selections are based on merit and not on race, sex, or other prohibited factors. The absence of a tracking system and applicant flow data makes it very easy for managers and supervisors to discriminate at will without any consternation of consequences for their unlawful employment decisions.

Even with the absence of applicant data, I think a reasonable mind would agree that with 80 percent of all selections consistently going to whites and the concentration of blacks in the lower grade levels and in the clerical, technical, and Wage Grade positions that the NIH recruitment selection hiring promotion and distribution processes have an adverse impact on blacks.

Management and selecting officials have many subtle ways of denying highly qualified black employees and applicants equal employment opportunities. Oftentimes these methods of selecting out blacks go unnoticed and unchecked and do not appear in the statistics.

I have personal knowledge of two individual cases where negative references or less-than-favorable references were used as a factor in the Institute's decision to deny employment to black applicants.

In one case a black female had been selected for a position of secretary. Information received from reference checks was less than favorable, and the offer of employment was withdrawn. The em-

ployee was not given an opportunity to refute or explain the adverse information.

In another case involving the position of grants management specialist, a highly qualified black employee received a less than favorable reference with respect to her ability to handle the work load of a grants management specialist. The employee was not given an opportunity to rebut the negative reference. She, perhaps, does not know and may never know that her former employer is giving her a negative reference and that she is being discriminated against by not being given an opportunity to respond to that reference.

In an Equal Employment Opportunity Decision, Decision CCH 4670, an employer claimed that a substantial factor in his decision to deny employment was an adverse report on the applicant's work record from a previous employer. The EEOC stated that, clearly, the foreseeable effect of such a policy, without giving the job applicant the opportunity to explain such report, was to subject an appreciably greater percent of Negroes than Caucasians to race-tainted disqualifications and, therefore, an employment policy had a disproportionate impact on blacks or Negroes and was not shown to be justified by business necessity, the policy discriminates against blacks because of their race.

I informed appropriate NIH officials of this EEO decision hoping that they would take the necessary action to correct the harm that had been done to the black applicants. To my knowledge, no action was ever taken.

I have only described two instances where I have personal knowledge, but I do not believe that these are isolated incidents. And I am certain that an investigation would show that these practices prevail throughout NIH.

Oftentimes blacks who do not have a degree are denied promotion or selection in favor of a white applicant who has a degree, even though the position in question does not have a positive educational requirement. Many supervisors and managers think that blacks are not well trained or well educated, especially those that attend the historical black colleges and universities. Blacks are held in grade longer than other EEO groups.

I am in the process of conducting a comparative analysis of career data promotions in the 16 targeted FEORP positions. Preliminary analysis of 11 positions show that in most positions, in-grade levels, blacks are held in grade by as much as 3 to 4 years longer than other EEO groups.

This discriminatory practice of holding blacks in grade longer than other EEO groups and concentrating the distribution of blacks in the lower grade levels of each occupational series contributes significantly to the disparity in wages.

The total GS, GM, ES salary is $41,515. The total average for Blacks is $30,889, $10,626 less than the total average. And it is $13,726 less than the average salary of whites, $11,611 less than the average salary of Asian American Pacific Islanders, $10,269 less than the average salary of Hispanics, $1,232 less than the average salary of American Indians and Alaskan Natives.

The average salary of $34,191 for black males and $29,502 for black females represents the lowest average salary of any EEO group in the workplace.

Management continues to rely on the "Good Ole Boy" network, peer referrals and word-of-mouth recruitment. Blacks are hired, promoted, and selected to positions in grades lower than their knowledge, skills, and abilities dictate while whites with comparable or less education and experience are placed in positions or grades higher than blacks.

For example, a black with a degree who can qualify for a professional or administrative position is often placed in a clerical or technical position while a white with a degree is often placed in a professional or administrative position.

Blacks are hired at the lowest grade of a career ladder while whites are hired at the highest grade. If a black and a white candidate are selected for a 9, 11, 12, career ladder position and each can qualify for the GS–11, management will usually select or hire or promote the black to the GS–9 and the white to the GS–11.

Black applicants are discriminated against and have no knowledge of it because they accept the nonselection decisions without question. Some have told me they believe they were discriminated against but were not comfortable with filing an informal complaint in fear of reprisal or retaliation.

Through the African-American Recruitment Network, which I initiated—or implemented in fiscal year 1992—highly qualified blacks applied for several targeted FEORP positions. Not one of these applicants was selected. In order to monitor the selection process and evaluate the effectiveness of this network, I forwarded a memorandum to the personnel officers of the specific institutes, centers, and divisions where the vacancy occurred. My request for information was met with strong opposition and disdain by some managers. One manager responded that the inquiry was an inquisition, it was inappropriate, and that sending out memos like this is not the way to get support for this effort.

Some managers ignored my request and did not respond, and a few did respond. I was subsequently instructed to cease my monitoring activities until the OEO could establish a formal minority recruitment network. I think the lack of cooperation on the part of management officials resoundly demonstrates one of the attitudinal barriers that must be overcome before blacks can make real progress at NIH.

Black employees work on a daily basis in a hostile work environment where we are harassed, verbally abused, physically assaulted, demeaned, devalued as a person, cursed at, and harassed to the point that some of us have developed physical and mental disabilities and some just resign because we just can't take it anymore.

Let me relate two examples of this.

A black female employee was physically assaulted by a white female co-worker. The black female sustained an injury which was as a result of the assault. The director of the office where the employee worked—employees worked—took no action against the white female, in spite of the fact that fighting on the job is forbidden and the Office of Personnel Management rules and regulations governing disciplinary and corrective actions recommends discharge to removal on the first offense of fighting if someone sustains an injury.

I am absolutely certain that the Black employee would have been severely disciplined if not removed had she assaulted the white employee under similar circumstances.

And what is even worse, the director of the office where the two employees worked was recently recognized and honored by NIH by receiving one of the NIH director's awards for his institute.

Mr. HASTINGS. Mrs. Mutakabbir, we have your full statement; and it will be placed in the record. If you could summarize, I will appreciate it.

Ms. MUTAKABBIR. One final case of the hostile workplace environment——

Mr. HASTINGS. We have it, and all of us have read it.

Ms. MUTAKABBIR. OK. I am disturbed by the fact that managers and supervisors who discriminate against blacks are not appropriately disciplined for their behavior.

One way they avoid it is by entering into a no-fault settlement agreement where no finding of discrimination is found.

This is not the case with sexual harassment. I was getting to the point where I was going to say that I could continue for the next several hours telling you of my experiences, but I will get to my recommendations.

Well, the recommendations are part of the record; and I would ask that this committee direct NIH to implement these recommendations and go one step beyond, that we should begin to take strong disciplinary action against those managers and supervisors who continue to cause harm to black employees rather than let them stay there in the workplace. They need to be removed.

Thank you. And I will be pleased to answer any questions that you have.

[The prepared statement of Ms. Mutakabbir follows:]

PREPARED STATEMENT OF JALIL HAMEEN MUTAKABBIR, BLACK EMPLOYMENT PROGRAM MANAGER, OFFICE OF THE DIRECTOR, OFFICE OF EQUAL OPPORTUNITY, NATIONAL INSTITUTES OF HEALTH

Good Morning Mr. Chairman and members of the subcommittee. My name is Jalil Hameen Mutakabbir. I have thirty years of Federal service, 27 of which have been spent working in the discipline of equal employment opportunity. During my 27 years as an EEO Specialist, I have worked in every area within the discipline of equal employment opportunity, beginning as an EEO Investigator and progressing up the ranks to the top management position of Deputy EEO Officer, where I had full responsibility for the total EEO program for the agency where I was employed.

I have been employed at the National Institutes of Health, Office of the Director, Office of Equal Opportunity since November 1989 as the NIH Black Employment Program Manager. One of my major responsibilities is to serve as spokesperson for NIH on matters pertaining to the employment of Blacks at NIH.

Thank you for inviting me to participate and provide testimony about my knowledge of the treatment of Blacks during their tenure at NIH.

On October 7, 1977, a young African American male, employed as a Biologist at NIH, filed a formal class action complaint of discrimination with the Equal Employment Opportunity Commission against the National Institutes of Health (DHEW). In his complaint, he stated that his agency was engaging in a pattern and practices of discrimination against Blacks as follows:

1. ". . . promotions, pay increases and training opportunities . . . depend in large part on the subjective decisions of supervisors . . ." The agency did not take ". . . adequate steps to prevent supervisors from using this virtually unfettered discretion so as to discriminate. In practice, these subjective decisions are ordinarily made by non-Blacks, and different standards are applied to Blacks than to others. This results in whites being promoted faster and further, and receiving more pay increases and training opportunities and blacks of equal or

greater qualifications. Blacks are also actively discouraged from seeking promotions. . . ."

2. The agency ". . . does not use the same standards, or applies the same standards differently when evaluating and disciplining employees of different races. Blacks (especially Blacks who have sought promotion) receive lower performance evaluations than do others whose actual job performance is equal to or poorer, frequently without prior notice of their alleged deficiencies. Blacks are also disciplined for conduct for which other employees are not disciplined, or are disciplined less severely. These practices retard Blacks employees' opportunities for promotion and advancement. These practices are implemented by . . . managers and supervisors, utilizing subjective standards and virtually unfettered discretion, whose actions are not monitored to prevent discrimination . . ."

3. The Agency ". . . assigns Blacks in disproportionally large numbers to projects, duties and other assignments which are menial or limited in nature, and deprives them of the opportunities for professional development, career enhancement, increased compensation or valuable research experience more often found in assignments given to similarly-situated non-Blacks. On those occasions when Blacks do receive career enhancing assignments, they are generally denied the necessary training, support and assistance that are routinely afforded to others. This practice is implemented by . . . managers and supervisors, utilizing subjective standards and virtually unfettered discretion, whose actions are not monitored to prevent discrimination . . . ."

4. The Agency ". . . deliberately harasses Black employees until they resign so that their slots can be filled by non-Black employees. This harassment has taken the form, among others, of requiring the employee to perform menial tasks unrelated to his job such as delivering mail or washing glassware, sometimes combined with the frank statement that his job slot is wanted for someone else . . ."

"The management of . . . has failed to take adequate steps to end the discrimination described above which, together with other practices which may be discovered during the investigation have resulted in disproportionally few Blacks in middle and upper level professional and management positions in . . . , and lower pay and grade levels for Black employees than for non-Blacks with comparable qualifications and length of service . . . ."

Mr. Chairman, this complaint was filed in 1977 but it accurately describes some of the discriminatory practices to which Blacks at the National Institutes of Health are subjected in all personnel practices that govern the recruitment, selection, promotion, conditions of employment, appraisals, disciplinary/adverse actions and retention of Blacks. The effect of these discriminatory personnel practices and procedures are reflected in the below listed work force statistics.

RECRUITMENT/HIRING/SELECTION/PROMOTION AND DISTRIBUTION

The NIH work force is distributed within grade bands as follows:

NIH Work Force Within Grade Bands

[In percent]

	White	Black	Hispanic	AA/PI	AI/AN
GS 1–4	42	48	2	6	1
GS 5–8	59	36	1	3	0.4
GS 9–12	77	15	2	6	0.3
GS 13–15	86	7	2	6	0.1
ES	94	4	1	1	0
Commission Corps	87	6	1	5	0.3
Wage Grade	42	55	1	1	1

The largest concentration of Black employees is in the Wage Grade positions, followed by Grade Bands 1–4, as compared to the largest concentration of White employees in the Executive Service and the Commission Corps, as followed by Grade Bands GS 13–15.

The distribution of the work force within EEO Groups in Professional, Administrative, Technical, Clerical, Other, and Blue Collar (PATCOB) positions as follows:

[In percent]

	White	Black	Hispanic	AA/PI	AI/AN
Executive Service	2	0	1	1	0
Professional	41	10	45	62	17
Administrative	24	16	17	14	20
Technical	13	31	15	12	12
Clerical	14	24	14	9	29
Other	1	1	4	3	0
Blue Collar	5	18	6	2	22

Seventy-four (74%) percent of the Black population is distributed within the Technical, Clerical, Other and Blue Collar positions, as compared to 33% for Whites. Sixty-five percent (65%) of the White population is concentrated in the professional and administrative positions as compared to twenty-six percent (26%) for Blacks.

Promotions by Grade Bands

[In percent]

	White	Black	Hispanic	AA/PI	AI/AN	Other
GS 1–4	43	44	2	10	2	0
GS 5–8	56	39	1	4	0.3	0
GS 9–12	75	17	2	6	0.1	0
GS 13–15	83	11	2	4	0	0
ES	0	0	0	0	0	0
CC	0	0	0	0	0	0
Wage Grade	29	64	2	2	3	0

The work force profile analysis conducted by the Office of Equal Opportunity and published NIH wide in the Affirmative Action Plans for the past five years, show that approximately 80% of all internal and external recruitment opportunities go to White applicants, especially White women.

In FY 1992, White women received approximately 80% of all of accessions into positions listed in the Federal Equal Opportunity Recruitment Plan (FEORP) as positions targeted for minority recruitment because of a "manifest imbalance" or "conspicuous absence" of minority groups in those occupations. White women were not among the EEO groups targeted for these positions. In spite of the fact that White women are the only EEO group who has reached parity, they continue to be selected over highly qualified minority candidates. I feel certain that a review of promotion certificates will reveal that many of the African Americans on the list of highly qualified applicants were the best qualified applicants, but were not selected.

NIH does not have a tracking or monitoring system nor does it maintain applicant flow data; therefore, management's selections cannot be appropriately monitored to ensure that selections are based on merit and not on race, sex, or other prohibited factors. The absence of a tracking system and applicant flow data makes it very easy for managers and supervisors to discriminate at will without any consternation of consequences for their unlawful employment selections.

Even with the absence of applicant data, I think reasonable minds would agree that with 80% of all selections consistently going to Whites, and the concentration of Blacks in the lower grade levels, and in clerical, technical and wage grade positions, NIH selection process has an adverse impact on Blacks.

Management and selecting officials have many subtle ways of denying highly qualified Black employees equal employment opportunities. Often times, these methods of selecting out Blacks go unnoticed and unchecked, and do not appear in the "statistics".

A. Use of Negative References

In Equal Employment Opportunity Commission Decision #4670, an employer claimed that a substantial factor in its decision to deny employment was an adverse report on the applicant's work record from the previous employer. The EEOC stated that ". . . the clearly foreseeable effect of such a policy, without giving a job appli-

cant the opportunity to explain such report, was to subject an appreciably greater percentage of Negroes than Caucasians to race-tainted disqualification." Where, as here, an employment policy had a significant disproportionate impact upon Negroes and was not shown to be justified by business necessity, the policy discriminates against Negroes because of their race.

I have personal knowledge of two individual cases where negative references or "less than favorable" references were used as a factor in the Institutes decision to deny employment to Black applicants.

(1) A Black female had been selected for the position of Secretary. Information received from reference checks were less than favorable, and the offer of employment was withdrawn. I shared EEO decision #4670 with the EEO Manager and the employee. The employee attempts to ascertain the nature of the references were to no avail. The EEO Manager's efforts to resolve the complaint were not successful. The employee filed an informal EEO complaint but subsequently withdrew the complaint allegedly because of her lack of trust with some EEO officials involved in the process. She informed me of the specific details for her withdrawal of her complaint, however, I do not wish to disclose those reasons in this testimony. I believe the employee would provide testimony to this Committee if requested.

(2) In another case involving the position of Grants Management Specialist, a highly qualified Black employee received a "less than favorable reference" with respect to her ability to handle the workload of a Grants Management Specialist. The employee was not given an opportunity to explain or rebut the negative reference. She perhaps does not know, and may never know that her former employer is giving her a negative reference and that she is being discriminated against by not being given an opportunity to respond to the negative reference. I informed the Personnel Officer of the EEOC Decision and provided him a copy of it. To my knowledge, no action has been taken to correct the harm that was done to the Black employee.

I have only described instances where I have personal knowledge but I do not believe these are isolated incidents. However, I am certain that an investigation would show that these practices prevail throughout NIH.

B. Degree Requirement

Often times Blacks who do not have a degree are denied promotion or selection in favor of a White applicant who has a degree, even though the position in question does not have a positive education requirement.

C. College Attended

Many supervisors and managers think that Blacks are not well trained or well educated, especially those that attend the Historical Black Colleges and Universities.

D. Blacks are held in grade longer than other EEO Groups

I am in the process of conducting a comparative analysis of career ladder promotions in the 16 targeted FEORP positions. Preliminary analysis of the 11 positions thus far reviewed show that in most positions and grade levels within those positions, Blacks are held in grade longer than other EEO groups. For example, a review of the GS 1102 Contract Specialist, GS 5–13, series shows that at the GS 5, and 7 levels, the average years since last promotion (AYSLP) is 1 year for Blacks and Whites (there are no other groups at these grade levels.) At the GS 9 level, however, the AYSLP is 5.28 for Blacks as compared to 1.75 for Whites; the average years at NIH is 14 for Blacks and 10 for Whites; and the average education level is a Bachelor's degree for Blacks, as compared to an Associate degree for Whites. At the GS 12 and 13 levels, the AYSLP for Blacks is 3 years, as compared to 2 years for Asians and Whites. At GS 14, the AYSLP is 3 years for Blacks as compared to 1 year for Whites. The average years at NIH is 20 for Blacks as compared to 7 for Whites. There are no Blacks above the GS 14 level. The one White employee at the GS 15 level has been at NIH for 4 years. This practice of holding Blacks in grade longer than other EEO groups and concentrating the distribution of Blacks in the lower grade levels of each occupational series, contributes to the significant disparity in wages.

The Total GS/GM/ES average salary is $41,515. The total average for Blacks at $30,889, is $10,626 less than the total average salary; and is

$13,726 less than the average salary of Whites;
$11,611 less than the average salary of Asian/Pacific Islanders
$10,269 less than the average salary of Hispanics
$1,232 less than the average salary of American Indian/Alaska Natives

The average salary of $34,191 for Black males, and $29,502 for Black females represents the lowest average salary of any EEO group in the work force.

E. The "Good Old Boy" Network

Management continues to rely on the "good old boy" network, peer referrals and "word of mouth" recruitment.

F. Hiring Blacks Below Skill and Experience Level

Blacks are hired/promoted/selected to positions and grades lower than what their knowledge; skills and abilities dictate while Whites with comparable or less education and/or experience are placed in positions and grades higher than Blacks.

Examples:

(1) A Black with a degree who can qualify for a professional or administrative position is often placed in a clerical or technical position while a White with a degree is often placed in a professional or administrative position.

(2) Blacks are hired at the lowest grade of a career ladder position while White are hired at the highest grade. If a Black and a White candidate are selected for a 9/11/12 career ladder position, and each can qualify for the GS 11, management will usually hire/select/promote the Black to the GS 9 and the White to the GS 11.

Black applicants are discriminated against and have no knowledge of it because they accept the non-selection decision without question. Some have told me that they believed they were discriminated against but were not comfortable with filing an informal complaint in fear of reprisal or retaliation.

Through the African American Recruitment Network (AARN) which I initiated and implemented in FY 1992, highly qualified Blacks applied for several targeted FEORP positions. Not one of these applicants was selected. In order to monitor the selection process and evaluate the effectiveness of the AARN, I forwarded a memorandum to the Personnel officers of the specific ICDs where the vacancy occurred. My request for information was met with strong disapproval and disdain by some managers. One manager responded that the inquiry was an ". . . inquisition"; was ". . . inappropriate" and that ". . . sending out memos like this is not the way to get support for this effort. . . ."

Some managers ignored my request for information and failed to respond and a few cooperated and provided a response. I was subsequently instructed to cease my monitoring activities until the OEO could establish a formal Minority Recruitment Network. I think the lack of cooperation on the part of the management officials resoundly demonstrates one of the attitudinal barriers that must be overcome before Blacks can make real progress at NIH.

CONDITIONS OF EMPLOYMENT

Some Black employees work on a daily basis in a hostile work environment where they are harassed, verbally abused, physically assaulted, demeaned, cursed at and harassed to the point that some of them have developed physical and mental disabilities and some resign because they just can't take it anymore. Let me relate just two examples of this.

(a) A Black female employee was physically assaulted by a White female coworker. The Black female sustained an injury as a result of the assault. The Director of the office where the employees worked took no action against the White female, in spite of the fact that fighting on the job is forbidden; and the Office of Personnel Management rules and regulations governing disciplinary and corrective actions recommends discharge to removal on the first offense of fighting if someone sustains an injury. I am absolutely certain that the Black employee would have been severely disciplined if not removed had she assaulted the White employee under similar circumstances.

The Director of the office where the two employees worked was recently recognized and honored by receiving one of the NIH Director's Award for his Institute.

(b) A Black female is presently working under conditions that are demeaning, hostile and physically and emotionally unhealthy. All of her efforts to get a reassignment ignored. During her tenure with the specific Institute, she had been denied promotions and training opportunities. She had been verbally, mentally and emotionally abused by two of her White male managers. She has been totally disrespected by an subordinate employee for which she had some training and supervisory responsibilities. She has been told that she should find other employment because the office is "over ceiling of FTE's" in spite of the fact that the White female was hired several year subsequent to the Black female.

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The Institutes Personnel Office nor the OEO Office has been responsive to her needs in spite of the fact that her doctor has requested a reassignment as a reasonable accommodation to her handicapping conditions, i.e, hypertension and severe depression.

On several occasions, this employee has called me, crying, in an hysterical state, saying that she is going to resign. I encourage her to be strong, pray, and have faith that the "system" will soon work for her.

EEO COMPLAINT PROCESSING AND ADJUDICATION

The EEO complaints program is not supported by ICD Officials who have the responsibility for ensuring that the work place is free of racial harassment, intimidation, discrimination, reprisals and other inappropriate work place behaviors. Their lack of cooperation and support in the processing and adjudication of complaints negatively affects the OEO's ability to process complaints in a timely manner. In 1991, the average processing time for formal complaints was 445 days; the average processing time for information complaints was 92 days. However, in 1992, the average processing time for formal complaints was 452 days, and 110 days for informal complaints. The average time for resolving complaints is increasing instead of decreasing. A major contributing factor to this is the refusal by managers and supervisors to resolve complaints at the informal and formal stages of the complaint process. Their failure to resolve complaints also leads to further complaints of reprisals in the form of lowered performance appraisals, Performance Improvement Plans, Letters of Leave Restriction, verbal abuse, physical assault, resignations due to hostile work environment, disciplinary and adverse actions, forced resignations, and removal actions.

I am really disturbed by the fact that managers and supervisors who discriminate against Blacks are not appropriately disciplined for their behavior. One way they avoid disciplinary or adverse actions is by entering into a "no fault" settlement agreement; therefore, no formal finding of discrimination is made on the case. This, however, is not the case for complaints involving sexual harassment. To my knowledge, NIH has taken disciplinary/adverse actions on eleven separate occasions against officials found guilty of sexual harassment.

SEPARATIONS

Blacks continue to be separated at a greater percentage than their representation in the work force. In FY 91, there were a total of 906 separations. Blacks represented 26% (11%M; 15%F) of the total separations. In FY 92, there were a total of 875 separation and Blacks accounted for 22% (9%M; 13%F). The total population of Blacks decreased by two percent from FY 1991 to FY 1992. No other EEO group has experienced a separation rate as high as Blacks. The separation rate for Black males is significantly greater than that of males in other EEO groups.

I believe that a close scrutiny of the reasons for the separations for Black employees will reveal that Blacks are most often separated under unfavorable conditions, i.e, removal, forced resignations, resignations in lieu of discharge as compared to the reasons for separations for Whites and other EEO groups.

I believe, based on my involvement in the proposed removal actions of four African American females, that supervisors and managers use Performance Improvement Plans (PIPs) and Leave Restrictions as avenues for separating African Americans. Employees are placed on PIPs designed for failure and are placed on Leave Restrictions that last more than a year. I have personal knowledge of instances where these actions have occurred.

Mr. Chairman, I could continue for the next several hours telling you of my experiences with employees who are being harassed, retaliated against, and discriminated against and verbally abused, but I would like to close my testimony by asking you to direct NIH to implement the following recommendations:

1. Conduct a NIH-wide review of each ICD of all procedures, practices and policies relating to recruitment, hiring, promotions, working conditions, performance appraisals, disciplinary actions, separations, reasonable accommodations and sexual harassment to determine whether or not Blacks are being adversely affected by these procedures and practices.

2. Strengthen the Federal Equal Opportunity Recruitment Plan and the EEO Managerial standards to hold all managers and supervisors accountable for their selection decisions. The element should hold managers and supervisors responsible for accomplishing specific numerical FEORP objectives and resolving complaints.

3. Provide additional funds and staff for the Office of Equal Opportunity so that it can be more effective in addressing the needs of employees; carry out its multiple functions, and appropriately monitor ICD accomplishments.

4. Establish an EEO Performance Review Board to review the EEO accomplishments of supervisors and managers who receive a performance rating of excellent or outstanding to to ensure that they have met their EEO responsibilities.

5. Conduct a study on promotion rates to determine why Blacks and other minority groups are held in grade longer than White employees.

6. Conduct a study on separations to determine why the percentage of Black employees is consistently declining each year and why Black males are specifically affected.

7. Develop an action plan within one month of the date of the hearings to implement these recommendations and provide a quarterly report to Congress on its accomplishments, beginning in the first quarter in FY 94.

8. Immediately implement a system to receive and maintain applicant flow data; and, establish a tracking and monitoring system to be effective the beginning of FY 94.

Thank you for allowing me to provide testimony before this subcommittee. I will be happy to answer any questions you may have.

Mr. HASTINGS. We thank both of you. And I speak for myself in saying that I am appreciative for your being as forthcoming as you have under such laborious circumstances, recognizing that in an atmosphere that you described that you too could be subject to some form of retaliation. I hope that does not occur, and I suspect that it won't in light of the fact that you have done this publicly. I hope it gives courage to others to avoid the cover of anonymity and to come forward, and if there are needs that need to be met that can be supported by concrete evidence. Then I am sure that those that are at the top would be in as much need of that information as we here in the Congress as an oversight committee.

Mr. Wynn.

Mr. WYNN. Thank you, Mr. Chairman.

Thank you for your testimony. I have to admit to a great deal of frustration as I listen to continued statistics documenting this problem. I would say that the recommendations that we have received are helpful. But I would add one factor that you, in conjunction with BIG and others, begin to focus on those managers that are the cause of this problem.

There is going to be a new administration at NIH. And I think that new administration ought to be presented with all the evidence that you have, identifying specific managers that are the cause of this, quote, hostile environment that you are having to deal with so that they can be dealt with or at least focused upon by the new administration.

So I hope you will do that, because this whole notion of the climate and the environment is something that has to be rooted out, and the best way is to do some strong disciplinary action aimed at targeted individuals.

Thank you for your testimony.

Mrs. MORELLA. I want to thank you for the candor that you have demonstrated. I find it shocking the testimony that you both have presented, being retained that long in the grade level, Ms. Whitted, and that you are ironically with the Office of Economic Opportunity—Equal Opportunity, and yet had this happen to you.

I am going to ask, if I might, Mr. Chairman, that we might ask Dr. Armstrong to respond to some of the statements that you have made. For instance: Why don't we have a tracking and monitoring

system; why do we not maintain applicant flow data; why do we not have the ability where the complaint is filed to know what departments or institutes are not coming through with the checking the claims in a very timely fashion where the discrimination is taking place; the other charges that you have made that I find so shocking about blacks not being above the GS–14 level; the fact that those that had applied for the FEORP positions were not selected; the idea of not getting information with regard to negative references; some of these.

And I wonder, also, have you spoken to Dr. Armstrong? Have you all had the opportunity?

Ms. MUTAKABBIR. I work for Mrs. Armstrong.

Mrs. MORELLA. So you have discussed all of this before you arrived here today and have not been able to arrive at any remedy to the individual instances.

Do we have a moment to have Mrs. Armstrong comment briefly?

Ms. ARMSTRONG. Briefly, we do track, the OPM, OMB, and a lot of the departments have been trying to work on a system where applicant tracking is authorized. It is not presently authorized across the Federal Government. I have taken the problem to the department, and they are working on a pilot to be tested in the public health service.

In reference to the effort that Jalil was trying to put in place, she sent the memo out in good faith asking for people to give her information which was asking them to track applicants, what happened to them in the process. The resistance was that this was not set in regulation, it did not come out through the normal regulation channels.

I, in effect, said that we would put into place an applicant tracking system on a trial basis within NIH to cover all of the different minority groups. I mentioned that to the public health service and was told that until they get the pilot ready, we cannot test that.

With respect to complaints, complaints that are raised, again, the complaints come in, they are worked on in our office. If the complaint is formal, it comes back—it goes back to the Institute.

We have tried to negotiate the complaints with the Institutes the way the system works. The Institutes—when there are a lot of instances where there is disagreement, the Institute seeks the assistance of the general counsel's office at the department. And quite often we do clash heads on what the outcome should be.

Mr. HASTINGS. Time of the gentlewoman has expired.

Mrs. MORELLA. Thank you very much.

We may want to follow through with some other oversight hearings in terms of the specific recommendations. Thank you.

Mr. HASTINGS. Ms. Holmes-Norton.

Ms. NORTON. Mr. Chairman, I have no questions. I want to thank you and thank the witnesses for coming forward. It took guts to come forward. I appreciate it very much.

Mr. HASTINGS. We thank you all.

That concludes today's hearing.

[Whereupon, at 12:09 p.m., the subcommittee was adjourned.]

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